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Living stories one day at a time: Recovery storytelling in online communities of practice

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Living stories one day at a time:
Recovery storytelling in online communities of practice

by

Amber Jean Hedges

A THESIS

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Abstract

Recovery is an on-going, socially constructed practice that is “done” by individuals through storytelling. The purpose of this thesis is to investigate and explain how members of an online community of practice –r/stropdrinking (r/SD)– normalize recovery by crafting and enacting a recovery identity through recovery storytelling in a stigma-laden world with others. The aim of this thesis is to make sense of how self-described disordered drinkers “do” recovery in online communities of practice (CoP). I argue that alcohol use disorder (AUD) is a disorder of a person in social context, and that storytelling is the process through which recovery is enacted in the world. For data collection and analysis, I applied an autoethnographic storytelling approach. Three processes of recovery storytelling emerged: (re)storying, (re)forming, and (re)learning. These aspects are mutually interdependent and make up a recovery helix that must be nurtured through storytelling. CoP is also described as helical, made up of engagement, imagination, and alignment. These helices work together to when people “do” recovery online, and are helpful models to unpack *how* recovery is done in concert with others.

This thesis provides an alternative narrative about the lived experience of AUD recovery in pursuit of dismantling stigma. By telling stories about AUD recovery, I am promoting help-seeking and manifesting a social context that responds to AUD with compassionate concern.

Keywords: addiction, alcoholic, alcoholism, alcohol abuse, alcohol use disorder, alcohol dependence, autoethnography, computer mediated communication, community of practice, help-seeking, identity, narrative, online community, recovery, sobriety, stigma, storytelling, substance abuse

Preface

Day one. I'm determined to make this the last time I say this.

I made it back home for my mom's services and stuff and I have been acting like a total loser. Drinking every night. I got drunk with an old friend in a big city, we got separated in a large sports venue, and my phone was stolen from a charging station because I "trusted everyone!" and I lost my ID (actually JUST found it in a weird pocket... still, didn't have it that night). And a sweater, a few other things, and ended up trying to wait for my other friend outside the venue when the game was done, waited at the restaurant across the way... Then left to find my friend's place by memory from a map on my phone. Ended up walking around the city, drunk at night, and alone.

Remember I went to a bar by the receipt in my pocket. Blurry memories. Met some people and walked around the city. Did drugs I'd never normally do (starts with M, ends in stupid and kinda boring, but woke me out of my drunkenness a bit), and just acted like a 16 year old kid, wandering through the park at night with strangers, drinking and smoking and acting like an asshole. I'm a woman, and I could have been a whole lot less lucky with who I ended up hanging out with. I could have been raped, killed, anything. I flirted too much with men, felt I disrespected my relationship by putting myself in a situation like this. Someone could have not listened to my NO when they made an advance.

[My partner] was furious I did drugs and could have possibly been hurt. We've talked it through and he said it's in the past and not to dwell on it (when I have 'brown outs' I freak out and try and reanalyze the situation over and over... Diagnosed OCD). I guarantee I'm more upset with myself than he is with me, and I will be for a long time. I have that guilt, shame, and fear they talk about in the Big Book [Alcoholics Anonymous book].

My mom just died, and I'm here for the services and to help my sister with shit. I pissed away a week drinking and hanging out with the wrong kind of people and feeling sorry for myself. I'm not ready to lose my friends, family, or relationship to all of this. I told myself I would drink while I was out here, quit on June 1, 2014. That I would write my thesis on sober living as a young person. Nice clean number. May 14, 2014 works just as well for me. I told myself I'd only have four drinks, that I wouldn't over do it, I would see if I could moderate.

I obviously can't. I can't moderate. Drinking is not good for me. When I get past a certain point I make fucking stupid decisions because I like the "story" and I romanticize everything about drinking. I'm super talkative and friendly, I write, and I love to hear about different people and experiences. I'm actually pretty naive in a lot of ways. I use this stuff as a way to justify my drinking and my behavior.

- djamberj, *r/stopdrinking*, May 14, 2014

Acknowledgements

I am in awe of my family, my friends, my colleagues, and my fellows in recovery. You have shaped me.

You are characters in the world of the story that I am about to tell. Thank you for the inspiration.

Thank you for being genuine. Your unconditional love and support in all aspects of my life has challenged me to be a better friend, a better sister, a better daughter, granddaughter, partner, niece, student, colleague, professional, adult, activist, citizen, human, self.

All of me is better because you believed that I had value and insisted that I believe it to. And now I do—I believe my life has value. I believe my stories have value. Thank you for having faith in me.

My grandest discovery was the value that's tucked safely into the seam where our stories meet—it is where I find my truth, how I learn to love, and my greatest treasure. Here, we share our humanity.

Thank you for letting me be a part of your story, and thank you for being a part of mine.

To those who still suffer.

Table of Contents

Abstract.....	ii
Preface.....	iii
Acknowledgements	iv
Dedication	v
Table of Contents	vi
List of Figures and Illustrations	viii
Epigraph	ix
Chapter 1: Introduction	1
1.1 Growing up in recovery.....	1
1.2 Drinking “normally”	6
1.3 On the wagon, off the wagon.....	9
1.4 Purpose	11
1.5 Practice	12
1.6 Stigma	13
1.7 Metamorphosis.....	15
Chapter 2: Literature Review	16
2.1 What is stigma?	16
2.1.1 Alcohol use disorder stigma.....	17
2.1.2 Public Stigma.	17
2.1.3 Self-Stigma.	20
2.2 Coping with Alcohol Use Disorder	21
2.2.1 Narratives of social-based coping.....	24
2.2.2 Choosing and using online communities for social-based coping.	26
2.3 Communities of Practice	29
2.3.1 Online Communities of Practice.	31
2.3.2 Recovery and online communities of practice.	32
Chapter 3: Theory and Methodology.....	34
3.1 Theory	34
3.1.1 Storytelling	35
3.1.1.1 <i>Narrative and Living Story</i>	36
3.1.1.2 <i>Living Story, Antenarrative & Sideshadowing</i>	40
3.1.2 Socio-narratology	42
3.2 Autoethnography	48
3.3 Online ethnography	52
3.4 Application of methods.....	54
Chapter 4: Analysis	59

4.1 (Re)storying	60
4.2 (Re)forming	67
4.3 (Re)learning.....	77
Chapter 5: Discussion	88
5.1 Relapse	89
5.2 The recovery helix.....	95
5.2.1 Recovery storytelling.....	96
5.3 Community of practice helix.....	98
5.3.1 Dismantling stigma.....	100
Epilogue	103
Works Cited.....	104

List of Figures and Illustrations

Figure 1 - From Ngunjiri, 2010, adapted from Ellis & Bochner 2000.	51
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Epigraph

We tell ourselves stories in order to live. The princess cased in the consulate. The man with the candy will lead children into the sea. The naked woman on the ledge outside the window on the sixteenth floor is a victim of accidie, or the naked woman is an exhibitionist, and it would be “interesting” to know which. We tell ourselves that it makes some difference whether the naked woman is about to commit a mortal sin or is about to register a political protest or is about to be, the Aristophanic view, snatched back to the human condition by the fireman in priest’s clothing just visible in the window behind her, the one smiling at the telephoto lens. We look for the sermon in the suicide, for the social or moral lesson in the murder of five. We interpret what we see, select the most workable of the multiple choices. We live entirely, especially if we are writers, by the imposition of a narrative line upon disparate images, by the “ideas” with which we have learned to freeze the shifting phantasmagoria which is our actual experience.

Or at least we do for awhile. I am talking here about a time when I began to doubt the premises of all the stories I had ever told myself, a common condition but one I found troubling... The only problem was that my entire education, everything I had ever been told or had told myself, insisted that the production was never meant to be improvised: I was supposed to have a script, and had mislaid it. I was supposed to hear cues, and no longer did. I was meant to know the plot, but all I knew was what I saw: flash pictures in variable sequence, images with no “meaning” beyond their temporary arrangement, not a movie but a cutting room experience. In what would probably be the middle of my life, I wanted to still believe in the narrative and in the narrative’s intelligibility, but to know that one could change the sense with every cut was to begin to perceive the experience as rather more electrical than ethical.

-Joan Didion, *The White Album*, 1979

Chapter 1: Introduction

1.1 Growing up in recovery

I have a long and complicated history with alcohol and substance abuse. I have a longer, albeit less complicated history with recovery. Well, maybe it's just as complicated, but it's the kind of complication that I love to ruminate on: what was it about recovery? That messy, affective, smear of vulnerability that kept me coming back to it? Some of my most treasured childhood memories are of evening trips to dimly lit church halls and woebegone "empty" spaces in sketchy parts of town. They were oily, nicotine-tinged, and smelled like the ramshackle gas station snack shops that dusted the perimeter of our Northern California suburb. Some of the churches were in better shape; Jesus *was* a carpenter. If they weren't striped with pews, the rooms overflowed with folding metal chairs, meticulously arranged, like cupcakes on display. Affirmations assaulted every surface: posters, books, brochures, baubles, gewgaws—motivational paraphernalia of a saccharine quality. My sister and I were sequestered to the small rooms adjacent to the Alcoholics Anonymous (AA) meetings. We'd play with the thrifted toys, paw at weathered pages of discount children's books, and watch movies on the too-small tube TV while the adults in the main room spoke and clapped and wept and laughed.

If we were quiet, we could take snacks from the pop-up picnic table that flanked the meeting room. To our delight, it was a regular sugar smorgasbord board: round butter tart deals, knock-off Oreos, those long wafers things that tasted faintly of befouled air until the cream filling burst through each papery bite. No pain, no gain. We'd load up like rats stockpiling for winter. We weren't supposed to drink the coffee, but we'd sneak absurdly small Styrofoam cups of the nasty stuff back to our camp, pockets overflowing with Sweet 'n Low and Equal. My sister and I steeled ourselves for few breaths before assailing the unsuspecting beverage with

aspartame and subsequently blitzkrieging our palates. We pretended to like it until we actually did.

When we'd see my Dad on the weekends, he'd take us with him to AA meetings in Santa Cruz. The meetings Dad frequented were in grander spaces with a lot more members. Still, the meetings followed the same plot, punctuated with a motley crew of living stories. I repeat my coffee ritual, now in late adolescence, so I don't have to sneak it. I've also learned to like it. About the same time I started liking (and relying) on coffee, I graduated myself from the back room to a folding metal chair amongst the alcoholics. My taste for piss-poor drip coffee drowned in cream (or, goddess forbid, powered coffee lightener) correlated with my shift from unassuming kid to mulish, petulant (pre)teenager. I didn't want to hang out with the kids, I wanted to be with the adults.

I didn't know what I expected, trying to look cool, sipping my weak brew—but I fell in love with their stories. They were cinematic and dripped poetic. The stories breathed, and I inhaled their essence with gusto. The more I tagged along to sober events with Dad, the more I found myself looking up to people in recovery. I thought they were so cool! In typical teenage fashion, I wanted to be just like them—poignant, introspective, inspirational. A seasoned rebel with a soul that shines like an array of luminous stars in an inky backwater. But lived in, comfortable—like the soles of the heartiest boots that are still rough around the edges. From my preteen and teen perspectives, members of AA radiated cool and *lived* confidence. I envied (and tried to emulate) people in recovery because they were so comfortable with themselves. Meanwhile, I was anxious, awkward, and afraid of what everyone around me thought of me. I didn't even consider the suffering of addiction too high a price to pay to have the kind of self-esteem, personality, and social network they did. I tuned out the parts of the stories that

accounted the horrors of active addiction. Instead, I was enraptured by how romantic living recovery seemed to be. I didn't want to be an "addict" or an "alcoholic"—I wanted the benefits and rewards that recovery promised.

I was naïve to how painful the suffering was.

Overall, childhood wasn't perfect. Nor was adolescence, but my sister and I were cared for. We were loved. We didn't get everything we wanted, and often heard cries of financial woes. But we had full bellies, cable television, a Nintendo 64, and eventually a 56k internet connection that powered our single family computer: the standard kit for enriching the lives of low-income, budding millennials. We made holidays fun and memorable. Mom regularly binge-bought clothes for us so we'd fit in more at school. Things were great during Mom's longest stint sober: we hung out with other families from AA/NA, went to amusement parks, fished and swam and watched our favourite TV shows, made potato salad for potlucks, took family photos, went on day trips, and went to the movies after opening presents on Christmas Day. We were building family habits and traditions, edging our way into a "normal" single-parent family unit. Still, we felt like outsiders—Mom had found her tribe in AA/NA, and my sister and I needed our own. Most of my peers didn't live in low-income apartments. Most of my peers didn't have addict parents. My sister felt similarly. We sought out similar others to both make sense of our experiences as children of addicts and to mitigate the suffering that lingered.

I don't remember how we found out about Alateen or when we decided to go. Mom would drive us up to South San Jose and we'd go to Alateen meetings while she went to AA. We'd often go out for coffee with the other families after the meetings. We made friends. Mom had her tribe, and my sister and I had ours. Some of my fondest memories of my early teen years are of those sunset drives to San Jose, the meetings, and the late-night coffee and diner-fare with people

who *got us*. We were othered, but at least we were othered together. We were deviants amassed—we were a community. Mom’s spirits were at her highest and her mind the clearest during these times. Recovery made her shine.

Until she stopped.

A few months before I got my driver’s license, Mom would begrudgingly herd her passengers into our four-door Pontiac (almost) every Friday evening. Somehow, we’d assembled a small group of similar, albeit rotating band of others from school who often came with us. She’d sigh her way through the twenty-five minute trip. She bemoaned her role as chauffeur quietly, albeit passive-aggressively, offering just a nibble of guilt each week for her trouble. The Friday nights of Mom, sister, and me riding into twilight to repeat the serenity prayer, disclose our suffering, and chain-smoke cigarettes into the night was filled with awkward, uncomfortable tension. What was once the bright spot of our week was now clouded with a heavy irksome air.

Mom regularly refused to go to coffee. My sister and I would beg her to come, and eventually, plead to let us catch a ride with someone else. After a short while, we no longer pleaded, but waved, as Mom’s red blinker blink, blink, blinked her back home.

One night, I went outside mid-meeting to sneak a cigarette. I scanned the parking lot for witnesses, anxiously fingering my lighter. A hunched figure in the driver’s seat of a gleam of silver caught my attention: Mom was sitting the car by herself. The lights were off, but the motor hummed on standby mode. I was perplexed, but mostly concerned. I tapped on the window to make sure she was ok. Mom startled, rolled down the window, and smiled— syrupy, worthy of a short stack. I asked if she was ok. She said, “I’m ok honey, I’m just not feeling all that well. I’m listening to the Giants baseball game on the radio. Don’t worry, I’m fine.” She blinked and stared back at me. A distant hazel haze awaited my response and probably my exit.

I felt like I caught her out there. Caught her doing something wrong. But, I didn't know what I caught her in or of or why I felt that way.

I now understand that I caught her in a state of deep despondency. I wish I could tell her that I understand; that I can empathize with her suffering, her regret, her pain. Teenage me couldn't make sense of Mom's behaviour, so I bid my farewell and sought an alternate location for a smoke.

Meanwhile, in Santa Cruz, my dad stopped going to AA meetings. He said it was because he no longer had the urge to drink. *He* didn't need recovery, because he had "recovered." So, he isolated himself from his recovery network, (his primary social network), and eventually isolated himself from his close friends and much of his family. He had many years sober, but was his best self when he was active in recovery.

It stands to reason that my claim is true: I grew up in recovery. I guess I also grew up in an addict home, but I have more memories of my parents in recovery than of them using. When my Mom and Dad stopped engaging in their respective recovery practices, I did not see them use directly. But, their respective forays into active addiction had significant tells, which led to lots of confrontations about lying, honesty, and truth. I tried to keep a physical and emotional distance from both of them by immersing myself in school and after-school activities.

The world at home was often black and white: extremes of abuse and abstinence defined my relationships with my parents and with substance use. There were people who could drink alcohol or do drugs "normally" and people who couldn't because they had a "disease" or an "allergy." I grew up thinking that I would never be an addict because I knew what the consequences would be. I also didn't want to be like my parents—I thought less of them because they cycled in and out of recovery, and thus in and out of the role of stable parents. I thought,

when I did drink, I would be a “normal” drinker, because I everything I did was carefully curated to ensure I would be everything my parents were not. I was so unlike them that I was exempt from disordered drinking—of course I would drink normally. No question.

1.2 Drinking “normally”

And I did, for awhile. I drank “normally.”

Until I didn’t.

The ideal of normalcy that I nurtured and so adored was torn asunder when my alcohol use shifted into alcohol abuse. It left an open, lonely wound that shame, guilt, fear, and resentment quickly infected. Instead of attending to my troubles, I relented to the momentum from the violent wrenching and tumbled down the long dark alley of disordered drinking.

The entire concept of drinking “normally” is strange to me. The narrative is so ubiquitous in Western culture, yet varies so widely between communities. According to *Alberta Health Services’ “Alcohol and Health Guide”* heavy (binge) drinking is: “four or more drinks for women and five or more drinks for men in a single sitting once a month or more often” (Alberta Health Services, 2016, n.p.). *The Centre for Disease Control* echoes this definition with a caveat: most people who binge drink aren’t alcohol dependent—the frequency of binge drinking episodes and the severity of their consequences are indicators of either alcohol abuse or alcohol dependence. According to the CDC, alcohol abuse can cause a wealth of interpersonal, legal, and health problems. It only becomes dependence when one exhibits “[c]ontinued use despite repeated physical, psychological, or interpersonal problems” (Center for Disease Control and Prevention, 2016, n.p.). Thus, alcohol use disorder (AUD) doesn’t just appear in a person; negative consequences of alcohol abuse experiences coalesce over time, and the individual continues to drink in spite of this mass that has overwhelmed aspects of their life. While I find

these delineations helpful from a policy point of view (programs to prevent alcohol abuse v. programs to support AUD recovery), the consequences of acute displays of alcohol abuse can have chronic consequences that can be just as damaging as those resulting from AUD. From an experiential point of view, alcohol abuse and alcohol dependence are two sides of the same coin. From a recovery perspective, I don't think it is useful to make this distinction because it others those who feel that they are "not alcoholic enough" to stop drinking in spite of the consequences of their drinking. In other words, it reinforces stereotypes and prejudices about what it means to be a person with AUD. It hinders help-seeking by focusing on comparing the fabled, worst-case-scenario "alcoholic" to the self.

After working at bars and restaurants for ten years, taking exams in two countries to "certify" me to serve alcohol responsibly, and engaging in extensive research about drinking habits, behaviours, and consequences in a North American context, I suppose one or two drinks over the course of an event is "normal." Three is edging into tipsy, and four is the beginning of a binge. Plus or minus a one or two in each category to account for height, weight, and tolerance. I didn't (and still don't) understand the point of drinking so little. I thought the whole point of drinking alcohol was to feel some level of drunkenness. My inability to grasp the value of drinking only one or two drinks is probably why I'm here, attempting to unpack my AUD on the page. The concept of "normal" varies in context, and the dominant narratives within those contexts lay out what is "appropriate" alcohol use for your age, circumstance, location, etc., etc.

Consider the following fiction inspired by these narratives: suburban Westerners are gathered around someone's parents' liquor cabinet or a stolen bottle of [pick your poison]. They are eager with anticipation of the unknown and anxious about getting caught. Sweaty palms

linger on aluminum, plastic, glass. They're swigging and slurping through grimace after grimace until someone asks: "Do you feel it yet?"

Their goal is not to savour the flavour or discuss innovative distilling processes—it's to get drunk!

Those who begin a relationship with alcohol are told they have to “learn their limit”, which means finding the maximum amount of alcohol one can drink without killing themselves, hurting others, or otherwise fucking up their lives. This results in years of hilarious, depressing, euphoric, and downright awful experiences disguised as experiments. Narratives about young adulthood are rife with themes of “experimentation” and themes that encourage loads and loads of binge drinking. Those who follow these sorts of coming-of-age narratives do so in social context; their social context defines how long it is acceptable to drink heavily and what exactly defines heavy drinking. The whole process of moving from identifying as a “finding yourself” young adult to a “responsible” grown up is exhaustingly complicated, and to tie in “appropriate” alcohol consumption practices further problematizes this already poetically tragic identity (re)formation.

It took a long time for me to realize I didn't drink “normally” because I surrounded myself with others who drank as I did. Consciously or unconsciously, I was normalizing my heavy drinking. I truly thought that this was what I was supposed to do. I was young and entitled to follow the dominant narratives so I could “have fun” and “be like everyone else.” I spent so much time in childhood and adolescence embarrassed and anxious about the stigmatized narrative I was forced into based on an embryonic game of chance: I was part of a family that wasn't like other families, and it wasn't always easy to hide our dysfunction from the world. Moreover, I was *so* sure I wasn't even on the same *plane* as someone who had a problem with

alcohol. I was too young, too successful, too put together. People liked me, my family was proud of me (despite how I felt about them), I had a large circle of friends, and I was shaping up to be an accomplished student and a sought-after professional. My brewing problem didn't register for years—I was too concerned with distancing myself from the stigma of being from an addict family and creating a “normal” identity and surrounding myself with “normal” people. I drank and built an identity around being savagely smart, prone to witticism, a music connoisseur, a tortured artist, a purveyor of captivating conversations, and *always* down to party. I drank because it was fun. I drank because it replaced social anxiety with social ability. I drank because it made me feel better about myself.

Until it didn't.

1.3 On the wagon, off the wagon

The first time I had a serious go at sobriety, I had a co-worker tattoo “serenity” in Kanji on my left wrist so I would remember that, at some point in my life, I had admitted to a drinking problem. I accepted that I needed serenity to salvage my sanity. I was 23.

Still, the tattoo is ambiguous enough to not proclaim myself a disordered drinker. I was, and still am, deeply affected by the stigma of AUD and of living recovery. My willingness to take on an activist identity to protect my recovery identity is just that—a way to protect myself against something that conjures feeling of deep-seated shame and fear. In **Chapter 2**, I examine different aspects of stigma, and how engaging in social-based coping—particularly in online communities of practice—is an effective strategy to mitigate the suffering brought on by stigma. Just because I am doing this project does not mean that I am impervious to or “above” stigma; I most certainly am not. If anything, I am locked in its gallows, naked and ashamed, shouting through my sobs about the injustice of it all. Alcohol was literally liquid courage for me. I have a

lot of anxiety about and in most social situations, and I compensate for this handicap by championing living recovery and directing my energy toward dismantling AUD and recovery stigma.

This false confidence is a strategy I'm using to normalize living recovery. I borrow it from the "fake it 'till you make it" idea espoused ad nauseam in 12-step communities. I used to think this meant I should live an inauthentic life to achieve success. Now, I think it is a strategy to manifest the best self. If I feel like an imposter, a failure, a fuck up, a fraud; an inauthentic, disingenuous, rolled-and-wrecked, sorry-excuse-for-a-soul, I must "fake" the behaviours of the imagined person I want to be until faking it is reinterpreted as performing in the world as my best self. Even if I don't feel like I'm worthy enough to act like the person I want to be, I keep going through the motions, faking confidence, fraudulently signing off on acts of self-esteem, discipline, responsibility, contentment, joy, and the rest of the qualities the best imaginary me has. Mimicking the daydream of my best self is the catalyst to metamorphosis: what was once a disordered person mourning a spoiled identity in social context is now a disordered person living a recovery identity in social context.

Over my drinking career, I spent most of my time rollicking and rolling; I was "having fun with everyone else." But, there were periods of awareness, acceptance, and even sobriety from that fated day in 2011 until May 14, 2014, the day I penned the post transcribed in the prologue. I wasn't just not drinking "normally", I was drinking to escape deep-rooted pain and fear. I was drinking to pacify my suffering. The latter piece of this revelation did not come until March of 2017, a few weeks previous to writing this Chapter. I finally realized that recovery meant more than just not drinking: recovery is living in the world in a drastically different way. I had been exposed to this idea over many years and across many mediums, but I had to learn how to

actually “do” recovery, and not simply label myself as recovered. I finally learned this by engaging with other disordered drinkers in the online community of practice, r/stopdrinking.

1.4 Purpose

To define recovery as an on-going process that is “done” by individual agents, it must be viewed as a socially constructed practice between individuals who rely on the practice of storytelling to enact behavioural change. The purpose of this thesis is to investigate and explain how members of an online community of practice –r/stopdrinking (SD)– learn, construct and engage recovery and enact it in the world with others. To date, research aimed at making sense of how people “do” AUD recovery is largely focused on formal treatment and face-to-face, 12-step recovery programs. Online, non-12-step recovery spaces with no tie to formal treatment centres or medical treatments are underrepresented across disciplines. As evidenced by an extensive search and analysis of available literature in **Chapter 2**, few studies have applied the community of practice (CoP) framework to online communities of social-based coping for AUD, and fewer have used narrative-inspired methods. To the best of my knowledge, there has been no autoethnographic, storytelling research conducted on online communities of practice of AUD recovery. Furthermore, the majority of studies that do discuss online communities, recovery, and AUD are not considered from a Communications perspective. This thesis is the product of efforts to fill this gap in the literature and add to the discussions about the roles of online communities of practice, how they are valuable to stigmatized individuals seeking support, and the role of storytelling in AUD recovery. To achieve this, I consider the research question: How do self-described disordered drinkers "do" recovery online?

1.5 Practice

To meet the goals of this study, I found myself swimming toward analytic autoethnography, but was thrashed about by the evocative tide of my subject matter. I discuss this tension in **Chapter 3** by showing how the practice of autoethnography is inexorably linked to the theories and practices of storytelling and narrative framing. Throughout the research process, I made space for my emotions and vulnerability during data collection, analysis, and interpretation. At first, I was uncomfortable pushing against the grand narrative of traditional ethnographic inquiry. However, I felt I would not be doing justice to the experience of doing recovery online by distancing myself from my experience for the sake of someone else's definition of scholarship. I did not want to go into this space and pull stories of vulnerability, suffering, pain, and healing without expressing my own stories of vulnerability, suffering, pain, and healing. Moreover, the nature of inductive research made it all the more difficult to build a wall between my experience and the research question. I refused to treat the stories of fellows in recovery like pure data; I was insistent on having an open, interpretive conversation with each story rather than simply collecting and categorizing them. Thus, my study's means of analysis and interpretation shifted considerably throughout the research process. While I was unsure how to incorporate my stories into the project without being accused of "navel-gazing" (Marechal, 2010), I knew I wanted to destabilize the hierarchy of "the researcher and the researched" dynamic the best I could. When I wrote **Chapter 4**, I only used other members' posts and comments to discuss the themes that emerged during analysis. After completing this process, I was drawn to framing **Chapter 5** around my posts on r/SD, sharing parts of my recovery story to reinforce the prevalence of the themes I found in analysis. This also allowed me to expose myself as marked with AUD stigma and learn how to navigate being openly vulnerable in a

malevolent social context. **This Chapter** is inspired by the structure and tone of **Chapter 5**: I recall my own story to elucidate themes and concepts that emerged from the research process. While I contend my methods lean toward analytic autoethnography, I do not discount the magnitude nor the analytic rigour of my research by including emotive elements. Telling stories about my self and interpreting online posts of individuals telling stories about their selves is a reflection of the processes that occurs through recovery storytelling in online communities of practice.

This project is an attempt to show how those with AUD do recovery in online communities of practice. I argue that AUD is a disorder of a person in social context, and that storytelling is the process through which recovery is enacted in the world. Sharing my story along with other members of r/stopdrinking (r/SD) has allowed me to practice research reflexively and to do recovery in tandem. In other words, I'm releasing the story not just for myself, but for the other who incorporates their interpretation of it into their consciousness and then acts in the world anew.

1.6 Stigma

I wanted to challenge the many misconceptions about AUD and AUD recovery. The stigma is very real and incredibly pervasive. Even those who say how “proud” they are of someone’s choice to not drink add to the stigma of AUD recovery. While it’s a nice sentiment, it still others us as a group based on our disorder—patting us on the head and telling us we’re doing a good job feels awkward and condescending. People don’t regularly say they’re “proud” of someone for overcoming another disorder—you’d be glad they were recovering. But, AUD stereotypes are so embedded into our cultural consciousness that living a recovery identity can be uncomfortable for persons with AUD and for the persons whose only exposure to AUD is

through dominant narratives of stigma. First-person accounts of living with a stigmatized condition exposes aspects of the mind and spirit we're taught belong exclusively to our inner world. Breaking these cultural codes can have social consequences; this kind of vulnerability ruffles the sensibilities of those enchanted by the dominant narratives that frame our social processes. However, not breaking these cultural codes ensures that stigma continues to influence those social processes. The cycle of silence solidifies stigma into social consciousness. It is my intention to tell a story that goes against the dominant narrative of what it is and what it "means" to live recovery from AUD by examining how recovery is "done" in online communities of practice.

I must note that engaging in activism to dismantle the stigma against AUD is *not* a requisite for recovery. It is usually a result of recovery; it is one way people "do" recovery in the world. However, many folks with rich recovery lives hold their anonymity sacred. The stigma of AUD necessitated strict anonymity of mutual aid groups from their infancy onward. This is a double-edged sword: anonymity keeps disordered drinkers safer from stigmatizing attitudes, but in turn ferments an "us and them" relationship with lay people. Do not mistake this observation as a hierarchal one—anonymity and stigma are intrinsically connected, and thus a complicated and deserving phenomenon for research.

According to Pescosolido et al. (2010), lay individuals most often see those with AUDs as more dangerous than those with other psychiatric disorders, and thus put themselves at greater social distances from those with AUDs. The only group seen as more dangerous than those with AUDs, are those with those with drug dependence (Link et al., 1999; Corrigan et al., 2009; Parcesepe and Cabassa, 2013). In large-scale vignette studies, 49% of participants identified AUD symptoms as evidence of mental illness (Link et al., 1999). Even when its seen as

synonymous with mental illness, AUD is more stigmatized than many disorders (Schomerus et al., 2011; Parcesepe and Cabassa, 2013). This creates interpersonal and system-level barriers to treatment (Corrigan et al., 2014) and inhibits help-seeking tendencies by people with AUDs (Andreasson et al., 2013). Each of these studies were conducted within the last 20 years. Alcoholics Anonymous was founded 82 years ago, and the stigma of AUD is still absurdly prevalent. Anonymity still has an important, although complicated, role to play in AUD recovery.

1.7 Metamorphosis

To dismantle stigma's influence, an alternate narrative must usurp its place as the dominant narrative. As Frank (2010) notes, a "story haunts because each ending becomes another beginning" (p. 47). Just as matter cannot disappear, when a story comes into consciousness, it cannot be destroyed—it can only change its form. Endings undergo metamorphosis, transforming into new beginnings, *ad infinitum*. The caterpillar emerges as a butterfly; the tadpole sprouts into a frog; the drinker (re)forms their identity to live recovery. They are individual entities transformed; what once crawled will fly, what once solely swam will jump, and they who lived as drinkers will live as persons doing recovery. The ultimate goal of this project is to add to the alternative narrative about the lived experience of AUD and doing recovery in pursuit of dismantling the dominant stigma narratives. By telling stories about AUD recovery, I am promoting help-seeking and manifesting a social context that responds to AUD with compassionate concern. If we listen to the stories people tell about experiencing AUD and living recovery and frame them in a narrative of compassionate concern, we will no longer have use for narratives of stigma.

Chapter 2: Literature Review

2.1 What is stigma?

Modern understandings of stigma stem from Erving Goffman (1963), who framed stigma as a mark that leads to “spoiled identity”. He suggests that stigma is a mark that separates individuals from one another due to socially conferred judgement that those with a mark or marks are tainted and less than unmarked individuals. Goffman distinguished between discredited stigma (visible marks such as skin colour and gender) and discreditable stigma (invisible marks such as mental illness or alcohol use disorders). Discreditable stigma is often ‘found out’, and thus labeled, by way of association. For example, people who are seen at or share about attending 12 step meetings are labeled as an alcoholic, and subsequently stained by the stigma of alcoholism.

Link and Phelan (2001) expanded on this definition of stigma: (1) it is fundamentally a label of an outsider group; (2) labeled differences are predominately negative; (3) differences separate ‘us from them’, fostering stereotypes and prejudice; and (4) label and separation lead to status loss and discrimination. Following this more nuanced understanding of stigma, social psychology has developed social cognitive structures as foundations for stigma research. Stigma leads to the perpetuation of *stereotypes*, the social acceptance and endorsement of those negative beliefs through *prejudice*, and the avoidance and exclusion of those who harbour a mark of stigma, or, *discrimination* (Corrigan et al., 2003; Link & Phelan 2001).

In an effort to craft a framework that encapsulates the variety of theoretical influences on stigma, Pescosolido (2008) et al. come up with the Framework Integrating Normative Influences on Stigma (FINIS). Following Goffman’s view that stigma is inexorably linked to social relationships and Link and Phelan’s concepts that link stigma and social power, FINIS seeks to

show that individuals bring both individual and contextual influences to social interaction (Pescosolido et al., 2008). At the base level, stigma lives in the overlap between community and individual. This is articulated in the FINIS framework as levels of social life: “micro or psychological and socio-cultural level or individual factors; meso or social network or organization level factors; and macro or societal-wide factors” (Pescosolido et al., 2008 p. 433). According to the authors, stigma can be unpacked from the inside out, moving from the experience of stigma itself to the factors that make up stigmatizing responses. By considering the forces underlying the process of stigmatization, stigma can be combatted at both the individual and community level.

2.1.1 Alcohol use disorder stigma.

FINIS shows that labeling, stigma, and cognitive responses of community members jointly affect individuals’ experiences with treatment and quality of life (Pescosolido et al., 2008). More specifically, peer-support from lay individuals—those who do not harbour the stigma mark(s)—facilitates treatment seeking and quality of life, and stigma from lay individuals (public stigma) impedes the aforementioned and perpetuates feeling of shame and guilt (self stigma) (Brink et al., 2008; Perry, 2014). To better understand the impact of public stigma and self stigma on individuals with alcohol use disorders (AUDs), an interdisciplinary approach is taken.

2.1.2 Public Stigma.

Public stigma of those with mental health and substance use disorders is well-documented across disciplines (Corrigan 2016; Rusch et al., 2009; Dawson et al., 2010; Keyes et al., 2010; Schomerus et al., 2011). As described by Modified Labeling Theory—the consideration of the influence of labels on mental health—excessive alcohol use is labeled as a

disorder (Link et al, 1989). Once applied, the alcohol use disorder (AUD) label is a catalyst for both positive and negative responses. Positive responses include increased rates of formal treatment: through labeling, peers, family, community members, and health professionals are more likely to help those with AUD seek and access treatment (Pescosolido, 2006; Perry, 2014; Rosenfield, 1997). Negative responses to labels, however, are more in number and in frequency. Negative social responses to labels are stigma, narrowing social networks, barriers to financial and social resources, and internalized negative feelings (Glass et al., 2013; Link 1989; Rosenfield, 1997). According to Pescosolido et al. (2010), lay individuals are likely to see those with AUDs as more dangerous than those with other psychiatric disorders, and thus put themselves at greater social distances from those with AUDs. Adults with drug dependence are the only group seen as more dangerous than those with AUDs, and lay people exhibit a desire for greater social distance between themselves and those with drug dependence v. those with AUDs (Link et al., 1999; Corrigan et al., 2009; Parcesepe and Cabassa, 2013). In 1999, in large-scale vignette studies, 49% of participants identified AUD symptoms as evidence of mental illness (Link et al., 1999). Even conflated with mental illness, AUDs are more stigmatized than many other disorders (Schomerus et al., 2011; Parcesepe and Cabassa, 2013), which creates interpersonal and system-level barriers to treatment (Corrigan et al., 2014), and inhibits help-seeking tendencies by people with AUDs (Andreasson et al., 2013).

Those with AUDs are often given mixed messages about their use from their lay peers, which often discourages treatment and creates high levels of stress and low levels self-worth. Together, these factors often perpetuate the AUD by reinforcing self-stigma, the desire to escape it by abusing alcohol, and thus opening oneself up to further public stigma. The cycle can be endless when the tendency to seek help has been silenced by perceived and actual stigma. Case

study and survey research shows that lay peers are essential players in treatment seeking by people with AUDs. Peers may pressure loved ones with AUDs into seeking and sticking with treatment by giving them social ultimatums (Weine, 2015). By not letting those with AUDs live in their homes, see their children, or engage in any sort of social contact, non-alcoholic peers have leverage over the afflicted person until they seek treatment and/or consistently abstain from alcohol (Naughton et al., 2012; Weine, 2015). At the same time, peers make those with AUDs feel guilty about entering treatment because it will free them of their current responsibilities and burden others (Poole and Isaac, 2001). Peers reportedly make people with AUDs feel ashamed about discussing their issues with alcohol (Beckman and Amaro, 1986), and may even encourage alcohol consumption because it makes the AUD afflicted individual more social and likeable (Schonbrun et al., 2011).

The reactions of lay peers to AUDs can be examined by considering the two pillars of AUD public stigma—the ‘moral model’ and the ‘medical model’ (Brickman et al., 1982; Kurtz & Miller 1994). The moral model assumes that people drink because they want to, so people should be able to stop drinking because they want to (Brickman et al., 1982; Caetano, 1987; Weine 2015). Thus AUD is seen as a moral problem that results from internal factors, such as weakness of resolve and a lack of willpower (Sigelman et al., 1992). Since the inception of social programs such as Alcoholics Anonymous in the 1950s, the medical model of alcoholism has received the most attention. The medical model labels alcoholism as a disease (Kurtz & Miller 1994; Miller 1982; Schneider & Tarter 1976), suggesting that AUD is outside of the afflicted’s control. Other models have garnered some degrees of support, such as the sociocultural model that suggests, primarily, that people with AUD often surround themselves (and drink) with others with AUD (Cooper et al., 1995; Furnham and Lowick, 1984; Kraft, 1971). However, according

to Pescosolido et al., 2010, the most prevalent models are still the moral model and the medical model; from 1996 to 2006, there was an increase in the public belief that alcoholism was a medical disease, a moral failing, or a combination of the two.

2.1.3 Self-Stigma.

Along with the acknowledgement of public stigma of those with substance abuse disorders (Corrigan 2009), there is also recognition of individuals exhibiting stigma toward themselves, referred to as self-stigma. According to Livingston et al. (2012, p. 40), self-stigma is, "...a subjective process that is 'characterized by negative feelings (about self), maladaptive behaviour, identity transformation or stereotype endorsement'" (p.40). Luoma et al. (2008) note that "self-stigma consists of shame, evaluative thoughts, and fear of enacted stigma that results from individuals' identification with a stigmatized group" (p. 152). Several studies have found that self-stigma is prevalent among those with AUDs (Ahern et al., 2007; Fortney et al., 2004; Luoma et al., 2007). To understand the development of self-stigma, Schemerus et al. (2011b) created and applied a mental health model of self-stigma to alcohol dependence. The model breaks self-stigma into four stages that progressively contribute to self-stigma: 1) stereotype awareness (perceived stigma), 2) stereotype agreement, 3) applying the stereotype to oneself (self-concurrence), and 4) poor self-esteem and self-efficacy (Schemerus et al, 2011b). The model suggests that self-stigma forms progressively, that is, that each stage is a prerequisite for the following stage.

Schemerus et al. (2011b) note that the strength of this model is that it highlights "both the origin of self-stigma, the perception of negative public stereotypes, and the process of their internalization" (p. 15). His study showed that self-stigma has very negative effects for those with AUD. Namely, those who engage in self-stigma report more issues with self-esteem, which

affects drinking refusal self-efficacy. Corrigan (2016) suggests that this self-discrimination leads to the “Why Try effect”, where individuals who are entrenched in self-stigma give up hope to live happy, healthy, independent lives because they believe they are not worthy because they internalize the stigma surrounding their disorders. Self-stigma, thus, leads to self-fulfilling prophecies among those with AUDs: shifting from the stage of awareness of the stigma to second stage of applying it to the self creates chasms of self-doubt that breed the shame, guilt, and fear that lower self-esteem and self-efficacy (Schemerus et al., 2011b).

Other studies of addictions show that self-stigma is associated with higher levels of depression, anxiety, and psychological well-being (Ahern et al., 2007; Clement et al., 2015; Luoma et al., 2013). Curiously, some studies suggest that self-stigma does not always have negative effects. Louma et al., (2014) showed that people with more self-stigma were more likely to stay abstinent and engage with their treatment. However, the fear of stigmatization impedes treatment seeking in individuals with AUDs; this highlights the complexity of AUD stigma. Corrigan et al. (2016) note the need for more research to be conducted with individuals who internalize stereotypes and on the effects that self-stigma has on various aspects of their AUD treatment choices, consistency of treatment practice, and overall well-being.

2.2 Coping with Alcohol Use Disorder

Though alcohol and drug addiction are not easily unified under a specific model, most in the treatment field suggest that abstinence from substance use partnered with behavioural and psychic change are prerequisites to recovery (Alcoholics Anonymous World Services, Inc., 1976; American Psychiatric Association, 2000; Denzin, 1987; Miller, 2001). Thus, many involved in addiction treatment agree that recovery is more than abstinence from drug or alcohol use. Moreover, while addiction and recovery are both considered deeply personal processes,

evidence indicates that they are highly interactive, social processes (Park, 1986; Denzin 1987; Miller, 2001). The *medical model* of the “disease” of addiction—where substance abuse and recovery are individual endeavours— is at odds with the interactive, social nature of addiction recovery (Raymond Kerns-Zucco, 1998).

Attempts to assess AUD treatment have been hampered by lack of consensus of what constitutes effective treatment and successful outcomes (Miller et al., 2001). In 1974, Emrick reviewed formal treatment literature, indicating that the majority of treated individuals achieved abstinence or other levels of substantial improvement. However, in 1977, Costello conducted a similar review where, after a 1-year follow up date, intensive treatment only had a 26% success rate. Into 2001, this trend continued: Miller et al. (2001) reported a 24.1% abstinence rate after a 1-year follow up of data pooled from seven large, multi-site studies. In the studies across this meta analysis where moderate drinking was considered a valuable outcome, Miller et al. (2001) noted 10.4% of intensively treated individuals reported moderate drinking after 1-year. Further, reviews and meta-analyses of non-intensive, brief interventions of AUD, showed that consumption was reduced without consistent treatment or regular counselling follow ups (Moyer et al. 2002). However, reviews have also indicated that participation in in-person 12-step programs, such as Alcoholics Anonymous, leads to significant improvement in abstinence and other drinking behaviour outcomes (Dawson et al., 2006; Humphreys 2003; Tonigan et al., 1996). However, substantial levels of recovery from AUDs have been reported in the absence of formal treatment or 12-step attendance, highlighting the lack of untreated control groups in treatment outcome studies (Fingfeld 1997; Tucker 2004). Thus, there is a gap in the research where prospective outcomes of formal treatment and 12-step attendance versus other kinds of treatment are considered when assessing AUD recovery.

Along with participation (or lack thereof) in treatment programs and/or 12-step attendance, addictions literature highlights a variety of patient characteristics that are associated with recovery from AUDs and potential relapse. Relapse is more frequent among single, young, male, and poorly educated populations. Moreover, the amount and frequency of consumption are linked to higher levels of psychological and social issues related to substance use (Booth et al., 2004; Jarvis, 1992; McLellan et al., 1994; Moos & Moos, 2006). Better recovery outcomes are found in those with more self-efficacy, less avoidant coping styles, spirituality, and openness to behavioural and psychic change (Curran & Booth, 1999; Moos et al., 2001; Moos & Moos 2006; Pardini, 2000). In regard to social networks, those with more supportive family and friend relationships do better in treatment (Beattie & Longabaugh, 1997; Tucker et al., 1995). Therefore, outside of largely unalterable demographic markers, recovery outcomes are linked to high levels of self-efficacy, an open-minded approach to coping skills, and the availability and quality of social resources.

Throughout AUD literature, three prominent theories are used to identify individual and social resources that contribute to long-term recovery from AUDs. The social learning and relapse prevention theory highlights self-efficacy and the reliance on coping skills as the key to manage long-term recovery (Bandura, 1977; Marlatt and Gordon, 1985). Bickel and Vuchinich (2000) suggest a behavioural choice theory, where recovery is based in individuals' choices to engage in activities that keep them away from alcohol use opportunities and provide rewards for successful abstinence. Social control theory suggests that strong social bonds motivate individuals to avoid alcohol abuse or misuse (Krohn & Massey, 1980). Together, these theories weave a narrative of goals for AUD recovery that include strengthening self-confidence and coping skills, finding valuable alternative rewards (health, finances, well-being), and integrating

these things into the social fabric of their lives through participation in AA, Smart Recovery, or another recovery space. Meeting these goals strengthens supportive social bonds which, in turn, reinforces recovery (Moos & Moos, 2006). Moreover, although AA is still the standard social space suggested to those with AUD, more emphasis is needed on strengthening support in individuals' existing social networks (Galanter, 1993). According to Ellis et al. (2004), a supportive social network is one of the most important factors in reducing the possibility of AUD relapse. Maintaining and expanding social resources may contribute to more longterm recovery than treatment focused solely on abstinence as a marker for recovery (Moos & Moos, 2006).

2.2.1 Narratives of social-based coping.

The importance of using narrative methods for understanding AUD and its range of meanings has been developed in different ways by a handful of researchers (Denzin, 1987; Larsson, 2008; Riessman & Quinney, 2005). Studies have described and analyzed commonalities in AUD and recovery narratives and identified social representations of alcoholism (Cercle, 2002; Hanninen & Koski-Jannes, 1999; Keane, 2001; Mohatt et al., 2004). Researchers have used narrative analysis to unpack and describe the importance and influence of mutual-aid groups, compare the differences between mutual-aid communities, and compare individuals' addiction narratives and their recovery narratives (Klaw & Humpreys, 2000; Rafalovich, 1999; Steffen, 1997).

The wealth of narrative approaches applied to AUD research have come to fruition through interdisciplinary efforts. By combining pieces from applied linguistics, communication theories, cultural anthropology, and social psychology, addiction research and practice has developed a reliance on narrative methods for salient results. In 1999, Hannifin and Koski-Jannes examined expressions and linguistic codes specific to addicts and alcoholics. In the same year,

Meichenbaum (2006) looked at the therapeutic value of restorying autobiographies as representations of the trauma-stricken self versus the recovered self. Following this, narrative psychology researchers described the process of moving from active addiction to recovery as fruitful for treatment considerations (Cercle, 2002; Keane, 2001; Mohatt et al., 2004). According to narrative psychology, individuals ascribe meaning to their lives and articulate this meaning through narrative means (Bruner, 1991; Polkinghorne 1988). The mutual-aid movement in AUD recovery relies on narrative meaning-making in shared spaces for individuals to recover through storytelling.

In his famed work on describing the alcoholic self, Denzin (1987) mainly relied on stories and other resources from Alcoholics Anonymous (AA) to make his claims. In other early narrative based studies, AA stories became the main source of data for investigating AUD and recovery experiences (Hanninen & Koski-Jannes, 1999). However, AA stories have also been found to be products specific to the AA movement. In 1977, Thune showed that AA members tell their stories in frameworks they have learned from listening to other members tell their stories, which are ultimately guided by the literature materials provided by AA. In other words, members used other members stories as ways to make sense of their own alcoholic and recovery experiences and to take control of their drinking (Thune, 1977; Hanninen & Koski-Jannes, 1999). Arminen (1998) and Steffen (1997) affirmed Thune's results, noting how personal stories are constructed in AA via conversational analysis and content analysis, respectively.

Because much less attention has been paid to narratives of AUD in non-AA settings, narratives of recovery from other significant life experiences are often drawn upon in addictions research. Narrative research is prevalent in research regarding describing and coping with illness (Frank, 1995; Hyden 1997; Williams, 1984) and the reconstruction of identity (Kelly 1992). An

exception is Hanninen & Koski-Jannes (1999) study, where narrative accounts of individuals with AUDs who do not exclusively belong to AA are explored. The study looked at 51 recovery stories from different addictions—alcoholism, drug addiction, smoking, food-related disorders, etc. The differences between the stories in the study showed that, as addictions come from many different places for many different reasons, recovery has just as many, if not more, routes. This revelation suggests that seeking a one-stop blanket solution for addition issues may not only be impossible, but harmful. In an effort to support deviant narratives, help-seekers should be encouraged to articulate a recovery story that makes sense for their personal experience and their sociocultural environment instead of following a pre-made narrative model (Hanninen & Koski-Jannes 1999).

2.2.2 Choosing and using online communities for social-based coping.

Social-based coping is founded on the assertion that individuals dealing with similar afflictions may engage in recovery by working together through storytelling. The help that is sought, offered, and found are made up of traditional structures and assumptions (Riessman, 1985). According to Gan and Zhu (2007), the strength of this approach lies in the belief that a collective wisdom is created via shared experiences of participants rather than through the professional training or style of a leader.

Townsend et al., (2012) found that many individuals with mental health disorders will not seek treatment through formal services. Factors they attribute to low rates of treatment include the increasing prevalence of alternatives such as face-to-face support groups and online support groups. Those who seek online mental health services are increasing, as they are more convenient than traditional, in-person treatment and/or support groups in relation to transportation, cost, anonymity, ease of use, and offer less exposure to potential stigma

(Townsend et al., 2012). All of these things are more convenient from a logistical and financial point of view, but also are less stressful than putting oneself out into the world as a stigmatized individual seeking help. They suggest that further research should be done on online support groups to investigate the conditions under which social-based coping occurs.

Online communities are made up of affected individuals who read and discuss their common affliction—from their phenomenal experience to their strategies for recovery. These communities are often moderated by users without mental health training who are also afflicted and seeking recovery. Investigations of the use and efficacy of online support communities for health and social problems have increased with the prevalence of computer mediated communication in individuals' everyday lives (Baujard et al., 2006; Cunningham et al. 2007; Drossaert et al., 2008; Hsu et al., 2007; Klein & Anker, 2013; Dorman & White, 2001). Online spaces are now 'natural' communication environments and are worked into our 'regular life-world' where only two decades ago, online spaces were primarily used by specialist, tech-oriented niche groups. Thus, online mutual aid communities in pursuit of collective recovery have the potential to promote individual recovery in a safe, no-cost, convenient space.

Excluding social media (which is not nearly as anonymous, and is a different sect of online research and practice), online communities are usually situated in asynchronous forums, where users read, post, and comment at their own pace, making time less of a factor in community engagement (Anderson & Kanuka, 2007; So, 2009). At the advent of health and wellness online communities, researchers engaged in studies and described groups of help-seekers who were concerned with issues of disability (Finn, 1999), had depression (Salem et al., 1997), or had eating disorders (Winzelberg, 1997). A study by Klaw et al. (2001) followed the research findings of the aforementioned studies on depression and eating disorders with a similar study on

problem drinkers seeking support in online spaces of social-based coping. They found that self-disclosure was the most frequent way users communicated their stories. According to Klaw et al. (2001):

In stigmatized communities, self-disclosure may serve as a particularly crucial function in recovery, allowing individuals to alleviate shame and provide opportunities for members to compare their experiences to those of others with similar concerns...Not surprisingly, self-disclosure statements often elicited support from other [online community] members (p. 543).

The cycle of self-disclosure and support is the paramount function of online communities of social-based coping. Self-disclosure statements and supportive responses take on several forms and ‘do’ different things in online, asynchronous, text-based recovery communities. In a 2013 study focusing on the form of self-disclosure statements, Polander & Shalin analyze the use of narrative and figurative language in online alcoholism support groups. Their findings suggest that individuals use narrative (telling stories of past events) to convey concrete medical and psychosocial content (e.g., organ damage, physical withdrawal symptoms, work or school difficulties, disruption of daily life), and use figurative language to communicate abstract content (e.g., success, failure, spirituality, authenticity, identity). The language forms used in online communities of social-based coping are indicative of how individuals with AUD tell recovery stories and shape the recovery of others through shared language resources. In an analysis of an online support group for recent ex-smokers, Baujard et al. (2006) found that participants use shared language resources to ‘do’ recovery by providing emotional support and encouragement, telling stories about smoking, giving advice and tips, congratulating other quitters, and thanking other members and the community. Drossaert et al. (2007) found that those active in online support groups felt empowered through their participation: noted outcomes of the study were ‘being better informed’, and ‘enhanced social well-being’. Cunningham et al. (2008) concluded

that online support groups were developing into powerful support spaces for those with AUD. Across these studies, online communities of social-based coping were reported as effective places to practice recovery, and that recovery is ‘done’ through the practice of storytelling.

2.3 Communities of Practice

One way to look at online communities for social coping is as ‘Communities of Practice’ (CoP). Wenger (1998) and his colleagues (Lave & Wenger, 1991; Wenger, McDermott, & Snyder, 2002) conceptualized the framework and provide the following explanation:

CoP are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. ...These people don’t necessarily work together every day, but they meet because they find value in their interactions. As they spend time together, they typically share information, insight, and advice. They help each other solve problems. They discuss their situations, their aspirations, and their needs. They ponder common issues, explore ideas, and act as sounding boards. ...Over time, they develop a unique perspective on their topic as well as a body of common knowledge, practices, and approaches. They also develop personal relationships and established ways of interacting. They may even develop a common sense of identity. They become a community of practice.

(Wenger et al., 2002, p. 4–5)

Wenger (1998) proposes three dimensions that define the coherence of a community of practice: 1) a shared understanding of what the community is and its overarching purpose, establishing relationships of mutual accountability; 2) reified norms of engagement that frame how participation in the community occurs; and 3) a shared repertoire of resources, such as “language, routines, sensibilities, artefacts, tools, stories, styles (Wenger, 1998, p. 79). These dimensions imply that learning in a CoP is a social phenomenon that is mutually beneficial to members, invoking a sense of joint-enterprise to further ensure that the needs of all members are being met through daily practice. Across examinations of the concept, Wenger has asserted that CoP are part of our everyday lives and aren’t exclusive to certain spaces such as work,

university, or even help-seeking spaces. CoP have very fluid boundaries and insist on shifting their boundaries through creation, interaction, and negotiation. For Wenger (2000) learning is a social phenomenon and is defined as the “interplay between social competence and personal experience” (p. 227). Wenger sees learning as an active entity that exists between learners, emphasizing learning as a relational, dynamic, two-way interaction between people and the social learning spaces they engage in. In 2001, Wenger goes on to describe CoP as specific kinds of community that are focused on expanding an area of knowledge with others by sharing stories and experiences. By focusing on increasing knowledge via social interaction, CoP develop shared practices for dealing with trouble, navigating stigma, sharing stories, and building a shared repertoire to negotiate a common identity (Wenger, 2001, p. 1).

In an exploration of Wenger’s and his colleagues’ work on CoP from 1991 to 2002, Li et al. (2009) suggest that CoP is an evolving concept. They note that there is considerable variation in the structure and function of CoP, so it is difficult to evaluate its effectiveness of CoP at the macro level, thus its effectiveness should be considered at the meso level. Lathlean and Le May (2002) define communities of practice as: “A group of people who may not normally work together but who are acting and learning together in order to achieve a common task whilst acquiring and negotiating appropriate knowledge” (p. 396). To achieve their common goals, competence and experience are driving factors to facilitate knowledge sharing within a community. Through practice, knowledge is sought, contributed, absorbed, and created by members (Brown and Duguid, 1998). By sharing practice experiences within the community, members create a body tacit knowledge that unites members and simultaneously encourages individual participation in the process of creating, accumulating and distributing further knowledge (Ardichvilli et al., 2003; Ardichvilli, 2008; Sharratt & Usoro, 2003). Communities of

practice are created by individuals who place value in their competence and experience, but that value can only exist ‘in the world’ by participating with others. Thus, CoP are learning spaces where individuals develop practices, norms, values and relationships relative to purpose of the community (Handley et al., 2006).

2.3.1 Online Communities of Practice.

Many of the studies of communities of practice have focused on communities that engage in face-to-face communication. In regard to online communities as communities of practice, there are some issues that arise, stated succinctly by Ellis et al., (2004):

For example, virtual communities may never meet face-to-face and members may have to share information via codified artifacts. In such a context it may be difficult to demonstrate either tacitness in sharing understandings or developing learning through practice. Additionally, in communities of practice, learning is situated in the context of work practices and is co-constructed during problem solving—aspects that may be different, or absent, in virtual communities. (p. 156)

Teigland (2000) observes that online communities possess some of the characteristics of in-person CoP, such as mutual engagement and identity (re)formation, but lack face-to-face contact, working instead through computer mediated exchanges. However, Cook and Brown (1999) argue that both tacit and explicit knowledge will evolve from online social interaction, not just the transfer of those knowledges from one form to another. Kimble et al. (2001) note that the main issue regarding virtual community of practice is the facilitation of participation:

“Participation is central to the evolution of a community. It is essential for the creation of the relationships that help to build the trust and identity that define a community” (p. 224). Identity built through history and trust based on identity may take different shapes in different contexts, given the fluid nature of online identity work. Teigland (2000) proposes that the original concept of CoP may need to be revised for online spaces: the notion of virtual community and CoP must

be flexible due to changes in our media environments and practices. By studying virtual communities as CoP, the validity of online spaces for important identity work and knowledge sharing can be solidified for use by those seeking recovery from AUD and other afflictions.

2.3.2 Recovery and online communities of practice.

In the last five years, a handful of researchers have considered how communities of practice can be applied to help-seeking and recovery. Cassidy (2011) discusses use of online CoP in rural areas to mitigate the challenges nurses face in providing quality mental health services. They suggest that online CoP could promote socially constructed ways of knowing, being, and doing for patients and nurses. From a social marketing perspective, Fry (2014) applies the CoP framework to an online support group designed to disrupt alcohol consumption habits. The paper shows how learning of alcohol reduction practices and enacting behavioural change by participating in online support groups can be understood as an online CoP. Through in-depth analysis of blog data and in-depth interviews, Fry finds that learning of new ways to frame relationships with alcohol occurs through three interlinked processes: engagement, imagination and alignment. These three processes, “enable a collective sense of connection in the creation of new alcohol-related rituals and traditions, competency of practices and transmission of values and norms beyond the community” (Fry, 2014, p. 210).

Mudry & Strong (2012) frame online social support groups as communities of practice to explore how group members interact online, and what about participation in online communities supports recovery. By analyzing the discursive interactions of self-identified problem gamblers in their online support group, they show how participants ‘do’ recovery and negotiate identities in an online CoP. Their approach can be used to understand other online communities of practice, especially those that support recovery. To date, research aimed at understanding how

people 'do' alcohol use disorder (AUD) recovery has largely focused on formal treatment and brick-and-mortar, 12-step recovery spaces. Little attention has been directed toward online, non-12-step recovery spaces with no tie to formal treatment centres or medical treatment. Moreover, few studies have applied the Community of Practice (CoP) framework to online communities of social-based coping for AUD, and fewer have used narrative-inspired methods. This project is an effort to fill this gap in the research and add to the discussions about the roles of online communities of practice and storytelling in AUD recovery. Recovery, then, is a socially constructed practice that occurs in the space where individual and community overlap; where opportunities are and identities are actualized through mutual engagement. The vehicle for engagement is storytelling.

Chapter 3: Theory and Methodology

In the first half of this chapter, I provide an overview of storytelling research by examining narrative, living story, Frank's (2010) socio-narratology, autoethnography, and online ethnography. In particular, I focus on the differences and inexorable links between the narrativist paradigm and the living story paradigm via antenarrative and sideshadowing; Frank's socio-narratology and the capacities of stories; the spectrum between evocative autoethnography and analytic ethnography; and how these ways of knowing can be resolved toward a methodology suited for autoethnographic storytelling inquiry online. With a focus on the relationship between storytelling and the self, I postulate a method suited to this study's analytic goals. The second part of this chapter delves into the application of this method, including descriptions of the space of inquiry, limitations, and data collection and analysis.

3.1 Theory

This section focuses on theoretical perspectives that have influenced the analytic choices in this study. First, I delve into the rich field of storytelling research. Guided by the storytelling diamond model presented by Rosile et al. (2013), I provide an overview of the field with a focus on two of the six paradigms relevant to the study: the narrativist paradigm and the living story paradigm, both of which reside in the greater 'narrative paradigm', where living story and narrativist paradigms interact through antenarrative. Throughout this discussion, narrative and narrativist will be used interchangeably to reflect narrativist tendencies, while story and living story will be indicative of the living story paradigm. Second, I consider Frank's conception of socio-narratology, which theorizes what stories do and what capacities stories are made up of to have the effects they do. The criticisms and justifications of these understanding of stories and their relevance to ethnographic research leads to an abbreviated overview of Autoethnography. I

examine the continuum of autoethnography by discussing the differences between and the nuances of evocative and analytic autoethnography, noting and justifying my and my project's place on it. I then move to a short discussion of online ethnography, noting its similarities and differences to traditional ethnography and why it is useful. Finally, I show that the evocative nature of autoethnography and autoethnographic data can be interpreted analytically to bridge the empirical gap between researching narrative-based communities of practice online.

3.1.1 Storytelling

Rosile et al. (2013) define storytelling as “interplay of grand (master) narratives (epistemic or empiric) with living stories (their ontological webs of relations)”, where antenarratives “make a process connection between narratives and living stories” (p. 558). According to Jorgenson, “antenarrative captures an attempt to work with multiple pasts, multiple presents, and multiple futures” (2011, p. 1). Regarding antenarrative, story is before—or “ante”—narrative, thus emphasizing the presentness of story over the ordered nature of narrative to showcase the dialogic, incomplete, and open nature of interpretation involved in framing narratives and filling them with stories. Through antenarrative, storytelling is broadly defined toward inclusivity in pursuit of including the differences between the traditional narrativist paradigm and living story paradigm, with antenarrative processes operating in between paradigms. This definition of story recognizes the importance of studying grand narratives that permeate face-to-face and online communities of practice (CoP), as well as the quieter, more nuanced living stories of the marginalized, “thus giving voice to the voiceless” (Rosile et al. 2013, p. 558).

3.1.1.1 Narrative and Living Story.

Storytelling research is narrowed into paradigms by considerations of coherence and emergence. The narrative paradigm praises unity, linearity, and coherence, while living story is open-ended, dialogic, emergent, and reliant on possibility (Morson et al., 1998). Narrative seeks unity, while living story avoids totalizing efforts; here, story is seen as the tool of continual and concurrent life-world construction and articulation. At one end of the storytelling model, living story seeks to restore presentness to story, emphasizing here and now (Jorgenson 2011).

At the other end, narrative appeals because it represents a linear understanding of the social world and self, where narrative breaks down time “...by the unfolding of crucial events—at least into beginnings, middles, and ends” (Bruner 1996, p. 136).

Polkinghorne (1988) follows this idea in exploring narrative and argues:

Human beings exist in three realms—the material realm, the organic realm, and the realm of meaning. The realm of meaning is structured according to linguistic forms, and one of the most important forms for creating meaning in human existence is the narrative. The narrative attends to the temporal dimensions of human existence and configures events into a unity. The events become meaningful in relation to the theme or point of the narrative. Narratives organize events into wholes that have beginnings, middles, and ends. (p. 183)

In 1991, Bruner agreed with Polkinghorne, noting that narrative is indeed indifferent to realms outside the realm of meaning. Therefore, narrative’s power is in its plot, which is determined by the temporal ordering of events rather than how or why the story emerges. Both suggest that narrative truth is distinguished from traditional science truths because of its emphasis on plausibility and coherence. A plausibility and coherence understanding of truth strives for a unified story; one that “makes sense” and is founded on fidelity. According to Spence (1982), a narrative must be consistent with the past stories that make it up and have a

sense of finality and closure to be “truly” representative of experience. He notes that narrators are in the business of “remembering moments” to construct consistent interpretations of the past in the present moment, to experience the present moment, and to present foreshadowings of the future (Spence, 1982, p. 31). Together, coherence and fidelity give credence to hermeneutical understandings of narrative interpretation and allow for lengthy justifications for the scholastic necessity of a unified narrative. However, these considerations gloss over the present as a place for interpretation of the past and foreshadowing of the future rather than as a space where meaning itself is made.

In pursuit of narrative fidelity, the narrative paradigm insists that narrative is the implicit structure to considering "the way the world really is, an expression, if not a mirror, of the way human beings must experience themselves" (Hinchman, Hinchman, 1997, p. xx). Clandinin and Connelly (2000) claim that, through narrative, we situate ourselves in time and create coherence through the continuity that observing the past, integrating rumination of the past into the present, and foreshadowing the future efforts of this data. Kerby goes on to claim that life has a narrative structure (1986, p. 135). Often, this whole is representative of a beginning, middle, end (BME) structure that is most prevalent in Western philosophic traditions (Boje and Durant, 2006). Czarniawska agrees, and says that a narrative must be a “meaningful whole” (1999, p. 2), that “consists of a plot comprising causally related episodes that culminate in a solution to a problem” (1997, p. 78). Weick (1995) supports retrospective reflection, noting that narrative’s place is in making sense of the past in present conditions.

In this conception, the world is chopped into petrified BME narratives, conceived or ‘mirrored’ in retrospect, and living stories are forced into linear assumptions in pursuit of analysis, understandability, and power reduction. It solidifies narrative into a static structure,

where its furnishings are filled in by the narrator, but they have no control over the scaffold, the size of the compartments, nor the placement of the walls. Narrative is built by those who have control over the production, distribution, and circulation of grand narratives, with space left for individual compartments of stories left to live in their own vacuums. They become personally important, but have no collective power because the grand narratives keep them compartmentalized, and cuts limbs off of living stories so they easily fit into BME structures. Grand narratives allow stories to live, provided they live within the confines grand narratives have allotted for them. When living stories creep through the crevices of the grand narratives that confine them, there is an opportunity for living stories to convene, collect, and create new ways of constructing individual and collective identities. The pursuit of the living story paradigm is to seek out these hidden stories and bring them to the foreground of scholarship in order to disrupt grand narratives that have reigned our social worlds for so long.

Narrative, then, emphasizes order, coherence, and causal relationships between beginnings, middles, and ends. It looks to toward unifying stories into easily digestible wholes. Derrida (2004) notes that narrative demands unity and truth, which closes off texts with boundaries implicit to the BME schema. He argues that narrative demands actualities and scoffs at possibilities, and goes so far to say that narrative is "...a violent instrument of torture" (2004, p. 78). That, by confining living stories into linear sequences, narratives exclude and marginalize other voices. By emphasizing structure and coherence, narrative favours particular voices in representations of the past and considerations of the future. Jorgensen's (2011) consideration of Bakhtin notes that narrative genres are imprisoned in "a solid and unshakable monological framework" (p. 4), where the dominant voice is that of the author, who considers the present to

represent the past and foreshadow what will happen in the future. This process, however unified, rigorous, and convincing, excludes other voices.

Rhodes and Brown (2005) note that narrative approaches can be used to understand how particular meanings gain dominance, while others have suggested that stories encourage the reformulation of meanings (McConkie & Boss 1994). While the main goal of this project is to provide a space for marginalized voices in of alcoholism and recovery discourses, another goal is to note the dominant narratives inside recovery spaces themselves. Dominant narratives inside local spaces can act as a means of social curation or control, whether influenced by grand narratives or otherwise, and can prescribe or reinforce preferred models and behaviours of recovery. Czarniawska (1997) suggests that:

a common way of understanding human action is by placing it in a narrative, that is a narrative of an individual history which in turn must be placed in a narrative of social history or in a history of the narrative. (p. 14)

Czarniawska goes on to argue that narrative is the prime tool to understand the self and the other. By placing the crux of meaning making and acquisition in narrative, all identity is carried in a narrative, and all of those narrative identities navigate within a greater life narrative. While attractive at first glance to any constructivist, this suggests that the world is nothing but a collection of subjective stories and experiences—concepts of relationally and power constructs are stripped from this model. Identities and narratives have relationships with other identities and narratives, and meaning is gleaned from all sides of these relationships. Thus, we are not the sole author of our own narratives, as our position in any conversation or group alters our narratives. Nor are we the author of our own post-narrative stories. Our conception of ourselves is reliant on our experiences in the world with others, and what it means to be a self is relative to what we've learned of self-hood in our lives that are situated in overlapping and fluctuating grand narratives.

Czarniawska's move toward a relational understanding of narrative—while still reliant on the coherence and plot-driven structure—touches on the relational and dialogic aspects that are key in living story. She notes that we live in grand narratives that have been brewed by others in the past and present, and those without power are only able to acknowledge this. We may alter our living stories, but without collective effort (as a force of power), we cannot alter these grand narratives. Thus, our identities are, in part, dependent on those who have power over the grand narratives that touch our lives. Extending on this idea toward living story, our identities are not just a collection of subjective experiences, but an ongoing conversation of experiences.

3.1.1.2 Living Story, Antenarrative & Sideshadowing.

In contrast to the narrative paradigm, Boje says that living story “refers to the co-construction, deconstruction and destruction of texts, which takes place at one and the same time, and where texts should be considered as a medium in which living stories are recorded for future story performances” (2008, p. 9). He suggests that researchers consider including antenarrative in their methodologies, as a way to “resituate and rebalance the great divide and marginalization between narrative and story” (Boje 2001, p. 137). Boje's conception urges researchers to think about the story that comes before narrative. That is, what story is and what it does prior to the addition of plot and coherence. By applying antenarrative, narrative comes after story, thus rendering it post-story.

The goal of antenarrative is to counter the linear approach to Western BME narrative that leads to foreshadowing the future, thus robbing the present of its “presentness” (Morson 1998). By foreshadowing, we assume what a future will be based on past events, noted in retrospect, with no respect for the present and what possibilities it affords. Morson (1998) offers an alternative to foreshadowing—sideshadowing—in an effort to understanding and representing a

multitude of possibilities. As antenarrative looks toward freeing stories from linear BME narratives (Boje and Durant, 2006), sideshadowing aims to understand a moment by considering what actually happened along with what *might* have happened (Morson 1998). Storytelling research relies on this in-between category of unactualized possibilities to bring depth, texture, and rigour to its analysis. Unactualized possibilities become fodder for research inquiry and data to understand phenomena in the human sciences. What may have happened if certain choices were made or not made are essential in uncovering the reasons why things did happen the way they did and why choices were made the way they were. By casting a shadow from the side, we see the event, its present, and all its possible presents. In pursuit of understanding recovery, understanding the possibilities of our present allows us a more holistic, open view of the development of the self in a world with others (Morson 1998).

To move away from the rigid structure of what narrative means in the Western tradition and instead focus on living story and its possibilities is to counter the power that is implicit in grand narrative constructions. Narrative privileges the coherence of a story over its emergence. It subscribes to BME structure that strips away presentness for the sake of scholastic convenience. This strips many storytellers of voice, keeping them inside the walls of grand narrative constructions, whether they're beating furiously against the walls or succumbing to silence in their struggles. In living story, story is presented as fluid, multi-faceted, dialogic, and present, where it does not simply intersect with other narratives, but swoops, stumbles, satchets, and swells amongst other stories with multiple pasts, multiple presents, and multiple futures (Boje and Durant 2006). An understanding of story as alive and malleable gives agency back to the storyteller and to the stories themselves, where they exist (and thus have potential to influence)

ad infinitum and endings are superficially concocted by time and space constraints. As Morson (1998) notes:

“All of us directly experience our lives as opening into an uncertain future. We possess no guarantee that each event in our lives will prove to be significance or will fit a meaningful pattern. But successful narrative...unlike life, does typically ensure such significance, which is one reason almost everyone senses the artificiality of even the most realistic story. However precise the author may be in recording the texture of daily life, the very fact of a work’s structure renders its temporality radically different from that of real life.” (p. 599)

Living story gives voice back to those stripped of voice by not fitting into traditional, linear modes of storytelling. It aims further than the the linear limits of narrative. In unmediated, unedited life, stories linger; their auras emanate meaning and infuse that meaning into the constructions of new beginnings and present experiences. Living stories permeate into the present, with multiple futures on many horizons.

As stated above, stories live within the confines created by grand narratives, which allows for retrospective reflection so living stories may alter and situate themselves into (or put themselves into the fringes of) grand narratives. The living story paradigm seeks to restore presentness to our stories, to interrogate the relationship between living story and narrative, and to disrupt grand narratives in an effort to re-story narratives so that multiple futures are allowed and accessible to those with little power and privilege (Jorgenson, 2011; Morson 1998; Rosile et al. 2013). The goal is to bring these stories to back from the death of the inevitable end of the page; to release them from the confines of BME narratives and breathe presentness and power back into these living stories.

3.1.2 Socio-narratology

Arthur Frank (2010) describes socio-narratology as a theory backed by the method of dialogic narrative-analysis—the theory seeks to answer the questions: “But what is a story, how do stories

breathe, and what capacities enable stories to have the effects that they do?” (p. 29.) By considering the capacities that stories have, socio-narratology’s goal is to see how stories act to create a life that is contingent on the relationship between the self and other. Frank (2010) proposes that, “a story...exists when enough of the capacities of stories are at play. If the material does not sufficiently utilize these capacities, then the material is not appropriate for dialogical narrative analysis—however important it may be otherwise” (p. 30).

Frank makes it clear that he is not trying to propose a universal definition of story. Instead, he wants to see how they work by watching how they act and interact. First, he notes how story disrupts the regularly understood temporal relationship between stories and experience, where experience is unidirectional fodder for story. Frank cites Cheryl Mattingly, who shares a more omnidirectional understanding of the relationship between temporal events and story, because, “There is no reality without narrative. Because we have stories, we believe we are having experiences. Experience is, at best, an enactment of pre-given stories” (p. 31). In Mattingly’s view, story begets experience which begets story, and so on and so forth. Here, life and story mirror one another, and neither has causal or temporal precedence, as story is continually reshaped as a person retells it to themselves or others (p. 31).

Following Mattingly, Frank discusses Brian Boyd’s idea that stories allow humans to work through possible futures. Boyd notes that stories use both language and social conventions. Between these things, humans are able to recreate the past in memory and create flexible notions of the future; importantly, both of these abilities occur in present moments. According to Boyd, this capacity came prior to narrative understandings of the world (p. 32). This process of adapting the story until the simulation becomes the reality is essential in lifestyle choices and goal setting. Renato Rosaldo sees this in his ethnographic work with the Ilongots, “Huntsmen in

fact seek out experience that can be told as stories. In other words, stories often shape, other than simply reflect, human conduct” (p. 32). Frank exalts this claim, noting that it is, “the core premise of socio-narratology” (p. 32).

In regard to the history and culture one is born into and their effects on the ability to tell stories, Frank notes David Brooks, who suggests that individuals—once they are aware of their story telling capability and the capability of others to do the same—are responsible for “selecting and constantly revising the grand narrative we tell about ourselves” (p. 34). Brooks continues by noting the power of stories, and thus why the selection of stories is paramount to weaving (or deconstructing and reweaving) grand narratives:

The stories we select help us, in turn, to interpret the world. They guide us to pay attention to certain things and ignore certain things. They lead us to see certain things as sacred and other things as disgusting. They are frameworks that shape our desires and goals. (p. 34)

By focusing on disrupting temporal relationships and the relationships between social contexts and the stories that make them up and come out of them, Frank shows that stories are the foundation for communicative acts. Before narrative can be illustrated, story must draft and re-draft the blueprint of the narrative of the self. Story is the working element within narrative, pulling out loose threads, patching up holes, and replacing pieces as necessary so the narrative may shift as the self shifts through time. Frank’s “working understanding—not definition—of narrative is simply this: one thing happens in consequence of the other” (p. 34). While story and narrative are interrelated, narrative has a more rigid, sequential structure than story, where “story haunts because each ending becomes another beginning” (Frank, p. 36). Narrative relies on story to come into being, and new stories are created in efforts to disrupt grand narratives that have come into play due to various social contexts.

Frank notes that stories make up narratives, but what makes up stories? He suggests that stories are made up of capacities, ranging from what stories consist of to how stories do work for and on storytellers and audiences. In an effort to describe what makes up stories, Frank says that, “stories, to be stories, must have a sufficient number of these capacities, and sufficiency depends on how the capacities are used, as well as the tolerances of those who receive the story” (p. 36). Frank lists eleven capacities of stories, noting that “the listing of stories’ capacities are both incomplete—I hope others will add to it—and simply suggested” (2010, p. 36). Of his eleven listed capacities, five emphasize how stories work: **trouble, character, point of view, suspense, and interpretive openness**, which toes the line between how stories work and how stories do their work. I will focus on these, as Frank notes that the following five capacities shift to “how stories do their work for people and on people”, which I believe are capacities that can be explained via the interpretive openness of the researcher. By understanding how stories work, and that they are open to interpretation, opens the door for researchers to begin to see how stories do work in social context.

Socio-Narratology understands **trouble** as a capacity that has two roles: to explain how to deal with trouble and to themselves make trouble. Stories are recognized as such when there is a conflict and attempts to resolve that conflict through coping with or accepting consequences of the conflict (Frank, 2010, p. 37). Trouble “swirls through stories: it is their occasion, their content, and too often their outcome” (p. 38). Frank notes that a significant way of dealing with trouble in a story is to resituate it into another story in order to shift the power of trouble from pain-inducing to pain-relieving.

To cope with or navigate trouble, a story’s **characters** must showcase and test their **character**. “Stories have the singular capacity to delve the character of the characters who deal

with trouble” (Frank, 2010, p. 38). Socio-Narratology’s goal is to figure out how stories make characters into resources for listeners to learn from; listeners apply lessons to their own character, thus continually reforming their identities and how they enact them in the world (Frank, 2010, p. 39). Stories allow its characters opportunities to take on, learn from, and shed identities as necessitated by their drive to shape their character. Listeners learn how stories work to shape their character through the stories of others doing the same, acting as inspiration, guide, and frame for their own stories (p. 40).

Characters navigate their stories by looking toward the horizon of possible outcomes and make choices based on their experiences and social context, contingent on power relations. The **suspense** of stories is dependent on this tension between outcomes, and most importantly, “enables stories to elicit engagement: stories work because people get caught up in a story” (p.41). That is, suspense is what keeps people involved with stories because it reminds us of the indeterminacy of life—the proverbial fork in the road at every junction. It also reminds us how to cope with the many possible futures available to characters in the present, and the loss of the possible pasts they could have lived had they made other choices (p. 41). Cheryl Mattingly summarizes this concept as a counter argument to prioritizing narrative coherence:

If narrative offers an intimate relation to lived experience, the dominant formal feature that connects the two is not narrative coherence but narrative drama... We follow narrative suspenseful, always reminded of the fragility of events, for this might have turned out differently (cited by Frank, 2010, p. 41).

Stories have the capacity to make particular **points of view** not only persuasive, but coercive. Brian Boyd argues that the ability to tell stories is an evolutionary advantage. If listeners progress from one story to another, they are exposed to the points of view of the multitude of characters they interact with, hopefully enhancing their sympathetic imagination through

considering the context of the experiences of others. However, it can also limit listeners' sympathetic imaginations if they latch onto too few points of view and fail to be exposed to new stories with new characters. When listeners supplanted themselves into few stories and fail to progress to others (due to access or refusal), those stories will be the only source for meaning-making for one person's or group's point of view (Frank, 2010, p. 40). Thus, points of view are challenged, and often shift, with exposure to new stories, characters, and experiences.

Finally, **interpretive openness** allows for all of the above capacities to be described and put to work in a story. This capacity shows that all stories are open to interpretation by the listener, who will then craft their own stories through their own point of view in response to their interpretation of the story, to be interpreted by others, ad infinitum. Interpretive openness allows for each story teller to gauge and cope with trouble in an effort to build, shape, and often times reinvent character. When character is seen as a fluid, multi-faceted entity seeking solace or knowledge from trouble, the character's point of view is taken into account as they navigate the tension between the different ways in which to meet their goals. Their point of view is the perspective from which they consider possible futures and mourn or celebrate the possible pasts they wanted to live or strove to avoid. The relationships between what has been, what is, what could be, and what could have been creates suspense in stories—something that intrigues listeners because they relate to these tensions of temporality. As seen in Mattingly's quote above, the power of stories is their ability to express their temporal tensions of “what could have been” and “what might be” in order to discover ways for both storytellers and listeners to live with those decisions and curate decisions about all possible futures, to be made in the present (Frank, p. 40).

3.2 Autoethnography

“Research is an extension of researchers’ lives” (Ngunjiri et al., 2010 p.1). While traditional social science has touted objectivity and shunned subjective stances, pure objectivity in qualitative research is impossible. All scholarship is linked to the self, whether it be through personal experience, interest, or familiarity. To give credence to the relationship between the researcher’s self and self interest, autoethnography has pushed its way into the academic playing field due to its focus on reflexivity, positionality, and honouring the importance of subjective experience (Anderson 2006; Ellis and Bochner 2000; Ngunjiri 2010). Autoethnography combines ethnography, biography, and self-analysis to form a qualitative method that relies on data about the self and its contexts in an effort to understand the relationships between self and others in their contexts. As with storytelling research models, autoethnography is described and applied in many different ways; it is guided by the perspectives of researchers and the goals of their research projects. Choosing autoethnography as method has various implications in regard to rigour and critical impact. I attend to these implications by arguing that autoethnography is a valid method for qualitative research, the method best suited for exploring a socio-narratological conception of self, and how it can be applied in the living story paradigm.

Autoethnography distinguishes itself from other qualitative methods because it is self-focused and context-conscious (Ngunjiri et al., 2010 p.1). Like other qualitative research methods, autoethnography is an analytic approach that is applied to the entire research process—from theoretical positioning to data collection to analysis to interpretation—to discover new forms of knowledge about human experience (Denzin, 2006; Ellis, 2004; Ellis & Bochner, 2000). Unlike memoir and autobiography, the intention of autoethnography is socio-cultural understanding through interpretation of the self and the social context of the self; its systematic

approach sets it apart from purely therapeutic and/or creative writings of the self. While it does not negate therapeutic advances or creative techniques, they are side effects of the process of autoethnographic research, not the main goal.

Autoethnography allows for an exploration of a great deal of experiences, from the intensely personal to experiences of relationships with others. Experiences of vulnerability, healing, and identity are often analyzed through autoethnography, where researchers use their living stories of identity and related experiences as fodder for compelling research projects. Autoethnographers have explored their experiences of and with mental illness (Brooks 2010; Jago 2006; Schneider 2005), illness, loss, and healing (Frank, 2013; Lee 2010; Sealy 2012; Wilbers 2015), and alcoholism (Denzin, 1987; Grant, 2010; Moon 2015) in pursuit of understanding the development of the self and the other in context, as well as the socio-cultural contexts themselves.

The prime exemplar of autoethnography is that it is focused on the self. That is, the researcher is central to the investigation as both a subject and an object. As subject, the researcher engages in reflexivity to show readers how and why data collection, analysis, and interpretation occur; this allowing for a window into the research process. As object, the researcher and the social phenomena they encounter are investigated as prime objects of inquiry. Autoethnographic data allows the researcher to deeply engage with their data, and offer an “insider perspective” (Anderson, 2006, p. 386) of underrepresented, and often misrepresented, populations. Moreover, the researcher is in a constant dialogue with their participants and their research process, allowing them the flexibility of interpretation that ‘real life’ accounts for. The distinction, or lack thereof, between the researcher and the researched has been criticized by scholars who challenge the credibility and rigour of autoethnography (Anderson, 2006; Holt,

2003; Salzman, 2002). However, Ellis (2009) purports that access to an insider perspective regarding sensitive issues in marginalized or otherwise misunderstood populations is the power of this unique method aimed toward self and social understanding. Even critics of Ellis's conception of autoethnography—most notably Anderson—find a place for autoethnography in qualitative research; consequently, in the method most often described as a continuum (Anderson 2006; Ellis and Bochner 2000; Ellis 2006). Researchers interested in autoethnography find that this continuum is great in breadth and depth, and solidifying a place on it is possible through careful consideration of specific research goals. While I will pursue a place on the autoethnographic continuum for this project, my efforts should not be confused with discounting other areas of the continuum. Rather, I have carefully considered my research question, theoretical perspectives, data set, and analytic goals and sought a method that would do the most justice to the investigation of how recovery is done in online communities of practice.

Autoethnography strives to explore the relationship of the self and others, living stories and grand narratives, and the self and specific social contexts. As Ngunjiri et al., (2010) considering Chang (2008) notes:

“The focus on self does not necessarily mean “self in a vacuum.” A variety of others—“others of similarity” (those with similar values and experiences to the self), “others of difference” (those with different values and experiences from self), and “others of opposition” (those with values and experiences seemingly irreconcilable to self)—are often presented in stories about self” (p. 1-2).

An abundance of others are involved in the same social contexts as the self; thus, collecting data about and analyzing the self inevitably moves toward an exploration of others and the context they share with the self. Ethnography is the foundation of autoethnography, and investigation of socio-cultural context is the crux of this research method (Anderson, 2006; Chang 2008; Ngunjiri, 2010). Ellis and Bochner (2000) note that, “autoethnographers vary in their emphasis

on the research process (*graphy*), on culture (*ethno*), and on self (*auto*)” (p. 740). As mentioned above, “different exemplars of autoethnography fall at different places along the continuum of each of these three axes” (Ellis & Bochner, 2000, p. 740) [see Figure 2]. Placing oneself on the continuum involves an examination of how data collection, analysis, and interpretation are articulated through creative representation, narrative techniques, and ethnographic inquiry. Anderson (2006) argues that the poles of the continuum can be categorized as *evocative* versus *analytic*, where evocative autoethnographers are more concerned with creative expressions of emotion and vulnerability, and analytic autoethnographers are concerned with more traditional expressions of scientific analysis. However, it is important to note that a single autoethnography does not need to supplant itself firmly into a place on the continuum throughout the research process: autoethnographers may traverse the continuum throughout their analysis as needed to meet their research.

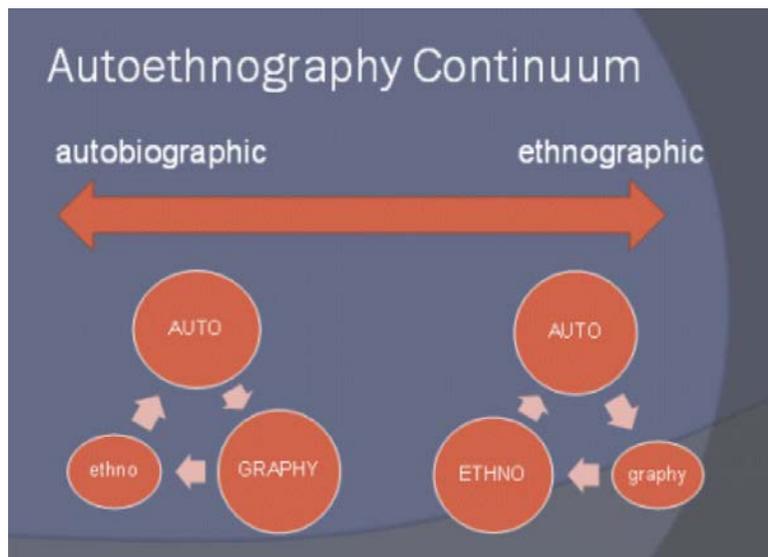


Figure 1 - From Ngunjiri, 2010, adapted from Ellis & Bochner 2000.

3.3 Online ethnography

The Internet and its related technologies alter the research environment and highlight the importance of written text in an individual's identity construction in online, text-based environments. Computer mediated communication has has an incredible impact on the field of communication in both theory and practice. While the internet has similarities to other mediums of communication, it is unique in the way it alters user and researcher interactions. Markham (2007) surmises that "these influences extend beyond the interpersonal; outcomes of these communication processes have the potential to shift sense making practices at the cultural level" (p. 248).

Computer mediated communication (CMC) and its associated media have changed how individuals interact and the outcomes of these interactions. As qualitative researchers delve further into this ever-changing medium, it is clear that these technologies have changed how researchers collect, interpret, and represent data (Markham 2007). Through CMC, self, other, and social contexts are created and understood through interaction; it is dialogic in its very nature. CMC allows for a mediated identity and mediated social relations, that, in text-based environments, gives more power to the self in creating and negotiating an identity that is otherwise impossible in offline environments. Users are able to interact with others while physically alone, control their level of anonymity, and create or join groups based on interest rather than proximity. New communication technologies have significantly altered our lives since the inception of the Internet into lay culture in the 1990s, and growing bodies of CMC research highlight the dialogic features of social reality. This not only opens new spaces for study, it opens up epistemological discussions where scholars must reexamine traditional ways of doing communication and socio-cultural research.

As Markham (2008) notes, early CMC research is theoretically polarized. In one camp, CMC is celebrated as a utopian marvel with endless potential to democratize participation and erase embodied, cultural markers and stereotypes. In the other, CMC is critiqued because text-based environments “removed essential socio-emotional or nonverbal cues and would result in impoverished, low-trust relationships at the best and social withdrawal at the worst” (Markham, 2008, p. 248). As more research was conducted and theories were adjusted, it was abundantly obvious that meaningful relationships, communities, and cultures could thrive in text-based online spaces.

The growing body of CMC literature has led to questions about the computer mediated construction of the self, the other, and the social contexts that online environments afford. Online, identity is constructed in a deliberate, conscious manner, where identity is produced in concert with the other. Thus, identity construction is dialogic in nature; this is especially clear in online environments. As Bakhtin (1981) theorized, the self is understood through the other via dialogic processes in pursuit of shared meaning. Offline, the body is responded to by others whether the self is deliberately trying to be perceived or not. Online, this process is much more deliberate because people can not react to bodies they are not in the same physical space as. Online, written language is deliberately put into spaces with the intent of possibly being responded to by others—this give users agency over their representation and power over their disclosure. Online, identity can be formed and the self can practice it without the threat of prejudice or discrimination due to physical marks. Bakhtin’s conception of the self in relation to the other is relevant in CMC research: the self, the other, and their context are in constant negotiation. The production of the message is only one part of the process—it must be acknowledged by an other to negotiate meaning.

MacKinnon (1995), exemplifies this by suggesting that Descartes famed phrase, “I think, therefore I am” is not adequate in explaining the intricacies of CMC, nor is “I speak, therefore I am.” Online, “I am perceived, therefore I am” is key in understanding identity construction and negotiation online (p. 119). Without being perceived and acknowledged (whether by page views, likes, comment responses, or otherwise), there is no communicative difference between an online post and a journal entry—it exists in a vacuum without the perception of the other.

This study is concerned with text-based online spaces, thus, text is viewed as the vehicle through which users construct and negotiate self. As these texts do not exist in vacuums, they are made meaningful through interaction with others. Here, I recognize that reality is socially constructed through discourse, and that the nature of identity, community, and culture online is dialogic. For researchers studying human interaction in online spaces, “the traditional challenge of understanding other-in-context is complicated by the blatant interference of the researcher into the frame of the field and by the power of the researcher in representing the culture” (Markham 2007, p. 247-284). As noted in the sections above concerning narrative, living story, ethnography, and autoethnography, researchers will always be a part of the contexts they are researching, thus interfering with their study’s context. Scholars have examined this issue in research by highlighting the fine line between the researcher and the researched. Autoethnography and the living story paradigm are some of the responses to this call for adjusting traditional methods, and are especially relevant to studying CMC spaces.

3.4 Application of methods

I analyzed an online community of practice—r/stopdrinking—that communicates lived experiences of AUDs in terms of how self-described problem drinkers do recovery through self-disclosure statements and responses. r/stopdrinking (r/SD)

(<http://www.reddit.com/r/stopdrinking>) is a community-regulated online space that pursues establishing relationships of mutual accountability and norms of engagement by creating a shared repertoire of resources through participation in AUD recovery. As such, r/SD is an online community of practice for individuals seeking support in their recovery from AUD. r/SD includes information on alcoholism through links on its main page, but it is mainly used as a space to practice recovery through storytelling. These stories are told in the form of “posts”, and people engage with others stories through “comments” on those posts. Stories are told from a first-person perspective; members are encouraged to “speak from the I”, phrasing their comments in terms of their own stories, instead of “telling others what they should or must do” (r/stopdrinking, "Guidelines for Participation", 2011). This community regulation reinforces that “not everyone takes the same path to sobriety, and what works for you may not work for others. All any of us can do is tell our own story and hope others find similarities themselves” (r/stopdrinking, "Guidelines for Participation", 2011). This regulation ensures that doing recovery in the community r/SD is practiced by disclosing first-person accounts of alcoholism and recovery and supporting others by communicating similarities of experience through their own stories.

r/SD is a well-known and widely-used publicly accessible online community of practice. It launched in 2010 and has grown into one of the most popular self-help subreddits, and is the 1061th most-subscribed to subreddit. As of March 4, 2017, r/SD has 59,963 subscribers—individuals with reddit accounts who subscribe to r/SD—with a subscriber growth rate of 0.03% every 24 hours (Redditlist, 2017). To post and comment on r/SD, readers must create a free account with its parent site reddit.com, an American social news aggregation and discussion website (Reddit, 2016). However, because r/SD is a public subreddit and not a private one,

anyone who visits the community may read all of the content and discussions posted. According to the r/SD traffic statistics, there are about one million pageviews a month across both listing and comments pages. Of those pageviews, there are approximately 80,000 unique visitors (new visitors) every month. Traffic data collected was on March 4, 2017—the traffic statistics are updated daily, as new data becomes available (Reddit, 2017). Because of Reddit’s API limitations, only the last 1000 submissions (includes both comments and posts) are returned in a search inquiry. Thus, the exact number of submissions over the life of the community is unknown. However, in 2013, a r/SD moderator conducted a statistical analysis of the community, and found that 8,598 users had participated in the community, over 153,642 total comments and 13,145 total posts (“[Meta] subreddit Stats Available. Also, ‘Today in SD History’”, 2014, n.p.) Partnered with recent pageview and subscriber data, this information shows how active and accessible this online community of practice is.

I began the process of iterative data gathering and analysis by looking through each posts I interacted with in /r/stopdrinking between my first day of successful sobriety, May 14, 2014 until 1.5 years later, November 15, 2015. By interaction, I refer to simply reading a post, commenting on another post, or writing the post myself. I chose this time period so that I would have a significant amount of data to interpret (53 total posts) without making the project unfeasible given its scale and time constraints. My theoretical sensitivity to the material was affected by my personal relationship with alcohol as well as my experiential relationship with recovery, but I went into the data with the intent to code inductively. This proved to be the most natural way of organizing and interpreting the data. I read and re-read the 53 posts and their related comments and kept memos of my impressions, as well as the feelings I had reading through this data from my current perspective.

This process moved from broad interpretation of the data to the final 22 codes that emerged. After organizing my data into an excel document, I read and re-read through each of the posts/comments, applying the zig-zag approach of qualitative data analysis (Seale, Research Methods, p.369), and categories began to emerge. The categories were refined as I delved further into the data, ending in a saturation of three themes: (Re)storying, (Re)forming, and (Re)learning. Members (re)story by navigating their past experiences from a recovery point of view and re-constructing their drinking stories into stories that work to reinforce their recovering identity. They (re)form their new, recovering identities through the practice of storytelling and behavioural change. Finally, members of r/SD (re)learn how to do their new identities in the world by engaging, imagining, and aligning their stories and behaviours with others through practice.

Across these sections, I return to the literature on stigma, storytelling, autoethnography, socio-narratology, and communities of practice to inspire a close socio-narrative analysis of the stories. Apart from edits in square brackets for understandability, the stories are reproduced verbatim. Due to the nature of autoethnographic storytelling analysis, the quoted selections are not shortened or otherwise parsed apart. These long selections are important to show the work that the stories are doing to accomplish recovery. 7 KHSRWWKHP DWFDQ RU DQJHG DQGDHQRW IQGLFWFRQYHJUDWRQZDKHFKRWLUXQDHWQRWThroughout data gathering and analysis, I took notes about how I felt about the process that acted like a personal journal. In order to engage with the data reflexively, I had to pay attention to the thoughts and feelings that came up about addiction, recovery, and specifics to my own experiences (and re-experiences) of each. This exercise allowed me to grapple with issues I had with recovery as well as ensure that I was engaging in reflexivity throughout the research process. Overall, this research process proved to shape my recovery in ways that may otherwise not have occurred, which surely had an influence

on the interpretation of the data. However, due to the causal relationship between personal growth and conducting autoethnographic research, there is no constant to compare variables to and understand how interpretation was altered from the start to the end of the project. To ensure the rigour and worth of this project, practicing reflectivity was essential to applying my research method.

Chapter 4: Analysis

The aim of this thesis is to make sense of the role of storytelling in the context of doing recovery in online communities of practice. I recognize the role of the emergence of the story and the social contexts from which stories emerge, live, and breathe. The purpose of this analysis is to understand how people “do” recovery in an online CoP, and how recovery becomes a tool of emergence for new stories of self so the self may live in the world in a different way. The storytelling research paradigm, partnered with the method of autoethnography and aspects of Frank’s (2010) dialogic narrative analysis allow for an exploration of the emergence of the experiential self without ignoring the social constructs that it emerges from.

Analysis revealed three ways people do recovery in online communities of practice: (re)storying, (re)forming, and (re)learning. Members (re)story by navigating their past experiences from a recovery point of view and reconstruct their drinking stories into stories that work to reinforce their recovering identity by seeking out and relating to similar others. In the face of stigma, they (re)form their drinking identities into recovery identities in concert with others through the practice of storytelling and behavioural change. Finally, members of r/SD (re)learn how to “do” their new identities in the world by aligning their stories and behaviours with the shared repertoire of stories crafted and sustained by practicing recovery storytelling. These processes are on-going, concurrent, and emerge through doing recovery in an online CoP. Each process winds around the axis of recovery storytelling in a helix-like fashion: the processes rotate symmetrically, *ad infinitum*, through practice with others. Each (re)storied interaction is an articulation of the recovery helix geared toward (re)membering oneself into the world with a (re)formed identity, and (re)learning how to live in the world with this identity. This conception of recovery relies on a dialogic understanding of identity and social context (Frank, 2010), where

identity is formed, negotiated, and enacted through stories made up of capacities, which are articulated, interpreted, and have consequences in a social context made up of others.

4.1 (Re)storying

*Because of the shame I associate with vulnerability
I am numbing myself completely.
Can you hear me right now?*

- Against Me!, “Because of the Shame”, *White Crosses*

(Re)storying AUD experiences to “do” recovery online is key to enacting a recovery identity. In r/SD, (re)storying describes how members tell first-person stories about lived experiences of AUD to reform their own stories in a recovery context afforded by a new point of view about their relationship with alcohol. Moreover, because AUD is a disorder of a person in social context, when members engage with the stories of others and find similarity, their AUD (and thus their need for recovery) is validated. That is, when stories move into a recovery context and out of a drinking context, people seek the stories of similar others to justify their recovery identity instead of comparing their stories with others to justify their drinking identity. Drinkers seeking help come to this space knowing what genre of recovery stories they are looking for—they are looking for validation or understanding or reassurance or knowledge or empathy or all of the above and beyond. Suspense pervades this search: will they find what they are seeking? Will they find similarities in the stories of others, or will they compare their experiences to others and dub their drinking as “normal”:

Anon 1 - Support groups are great until I start comparing instead of relating. I've gone back and forth but settled on: I may not have gotten as far as these other people with it, but I came to a support group because I was headed in that direction [of perceived worst outcome AUD consequences]. And if I try drinking again, I'll end up in the same horrible position that brought me here. I like to drink too much. Living sober is hard when you're an alcoholic, and even harder when you're an alcoholic that thinks they might be able to drink again. If it wasn't working, why go back to doing it?

This post encapsulates the essence of the point of view acceptance affords. If someone has not fully accepted that they are similar to others with AUD, they will compare their experiences ad nauseum to justify continued drinking. A great deal of cognitive dissonance occurs in early sobriety: there are two identities vying for the attention of the self with equally alluring arguments. Someone can believe they are *definitely* a problem drinker, and still justify their drinking because it's not *as* bad compared to other drinking stories—they aren't *that* kind of a

drinker: **Anon 2** - Comparison too, yes I had forgotten that. I can't be an alcoholic because I only drink wine in the evenings. I am not like Dave who drinks whiskey every night, I don't have red spider veins on my face like real alcoholics, she drank 4 bottles of wine last weekend, I didn't drink as much as her.....

Anon 3 - I feel very much the same as you do. My life didn't fall apart either. I have a list of reasons why I'm not an alcoholic. The big one for me is that I've never relapsed, and when I did quit drinking it was easy. No cravings! My alcoholic mind sometimes tries playing that card...."I've never even tried to quit before. It was so easy to stop I could easily do it again".

Anon 4 - Yup. I was in AA back in the mid 80's, then convinced myself for nearly 30 years that I was not really an alcoholic. A phrase I heard back then comes back to mind now: if drinking has ever caused you problems, you have a drinking problem. I'm also one of the lucky ones that never lost a job, or got a DUI, but God knows I SHOULD have.

When comparing their drinking to people whose drinking is (from their drinking identity point of view) worse than their own, they rely on stereotypes of “alcoholics” to justify their own drinking. They also compare the consequences of their drinking to the consequences that only “alcoholics” encounter. This is the beginning of normalizing disordered drinking. When people notice or are confronted about a disordered relationship with alcohol, they attempt behavioural change to prove to themselves that they drink “normally”: they attempt to moderate drinking, take a break from drinking, change the kind of alcohol they drink (e.g., from spirits to beer or wine), or schedule times that it's okay to drink. What constant do they judge their drinking

against? What is “normal” drinking, and how is it done in the world? Members of r/SD have a wide range of definitions of ‘normal’ drinking, but share similarities in that they all tried to normalize their drinking behaviours to protect their drinking identities. They compare their drinking to those who they think drink “normally” and sometimes try to emulate the behaviour of whatever they consider “normal” drinking. In a post titled *Did anyone else pay attention to how much others drank and paced with them?*, **Anon 5** says:

I remember doing this a lot, which I believe is because I tried to unconsciously find justifications for my denial ("I'm not alcoholic as I am not the fastest drinker, therefore my drinking is normal").

In another post, members describe similar behaviours:

Anon 6 - I would always match drinks with my friends while out and then get a bottle of wine on the way home. That's what everyone does right? :)

Anon 7 - I was at the same place... I didn't want to notice or admit that I was the only one at book club having 4 glasses of wine (and then more when I got home)..and / or my friends have been drinking more so then it is ok for me . I must be normal, right? Look at her? Ugh

Members of r/SD recall their attempts to moderate their drinking and prove that they did not drink problematically. From their recovery identity point of view, they note how obviously futile these attempts were, even though they sincerely believed they were drinking moderately while they were doing it. The insight from the final comparison of their drinking stories with their interpretation of the narrative of “normal” drinking leads to realizing that their stories do not fit within the “normal”, moderate narrative:

Anon 8 - So, I stopped for a while at the end of April. Wanted to prove you all wrong. I can drink like a normal person! I can pace myself! I can drink only once a week, maybe twice and only have a drink or two. I can do this. Moderation is key. I can do moderation.
I'm in control.

First month, I got this. Only drink once each week and stopped at two beers. Ordered a half pint that one night as to not hit THREE beers because that would mean PROBLEM. And I don't have a problem. I'm drinking like a normal person.

Then drank three times that one week in May. Left a glass of wine in the bottle. A normal person does this, right? They leave a glass in the bottle intentionally, right? See? I'm ok!

Realized last week I'd drank every day (save one) for two weeks straight. Still counting drinks in hopes of being the "normal person". Laughable.

Normal drinkers don't have to count drinks or consciously stop at two. Normal people don't know the last time they had a drink down to the minute. They don't need to know all of this because they don't have a drinking problem. One drink will suffice. No drinks are fine. Normal drinkers don't turn it into a game with bendable rules.

I chose not to drink again yesterday after realizing how amazing I felt the last time I set out to drink like a "normal person" by giving it up entirely at first. And woke up at 6AM to some pretty great brain juice.

So here I am again. Hoping to get through another day as a normal person who happens to have a drinking problem.

Anon 9 - Hello all. This group is phenomenal. When I need a moment at work, at home, on the bus, I'll pull up a top post on my phone and it does wonders. You guys are the tits, you really are.

While washing the dishes this morning (already I'm out of bed at 9 on a Saturday, doing dishes, 3 loads of laundry done, pot of my damn good borscht already stewing on the stove - is this the real life?), I was thinking about cravings. And how I kind of wanted to start drinking right then, and how quitting drinking at 22 might alienate me, and how I'd probably never have fun, andandand.

Then I realized, it was my drinking that was ostracizing me from everyone else. Normal people don't take 10 shots before going out and then have 8 more drinks. Normal people don't black out 80% of the time they drink. Normal people can have one drink without needing at least 12 more. Normal people will have a few drinks to help them socialize, to relax, or because they actually like the taste (I never have).

And I don't need alcohol for any of those reasons. I'm realizing I'm already outgoing, I've got a sense of humor, and I love to be social. Me drinking alcohol is not worth the inescapable damage it will undoubtedly cause. By quitting drinking, I'm not giving up something that normal people get to enjoy. Rather, I'm including myself with normal people, people who don't depend on alcohol, people who don't let it control them.

Thanks for reading. If any of you are in Seattle, come over for some borscht.

Also, I'm using the term "normal" relatively, for my own benefit. No intention to offend.

These members' distinct points of view offer them new ways to interpret their drinking stories.

Frank (2010) notes that point of view and interpretive openness are the most distinct and useful capacities to work with and on people, and “[t]hat is the power and danger of stories”—to have

the capacity to make one particular point of view compelling though interpretation of exactly what happened in the past and how to respond to it in the present (p. 41). The potential for multiple interpretations, thus, “make stories available for multiple uses; or, people’s different responses to the same story reflect that story’s interpretive openness” (Frank, 2010, p. 43).

Interpretative openness and point of view also show how stories live in the present, breathing in a space outside of the narrative of what is “normal.” For participants of r/SD, the meaning of experiences from a new point of view allows members to see how disordered their relationship with alcohol was when they consumed it:

Anon 10 - Earlier this year I was clean for 30 days, and then one night I begged my wife to let me drink a beer just to have some fun "Come on, just one beer, it can't hurt anything". And you know what? After that I was drinking secretly everyday for two weeks until I felt like crap again.

Anon 11 - I can recall drinking a drink and wanting a drink at the same time. It was such a crazy thing to be actively taking a sip of a half full beer and getting up to grab another and cracking it before finishing the current one. It wasn't really about the speed of drinking, it was about wanting. I think moderation can't work for me because the wanting is never content with any amount of alcohol. It isn't content with anything I throw at it. It has to be cut down instead of fed.

Other members relate to this story, and in their responses to **Anon 12**, note the similarity in their drinking experiences:

Anon 13 - Holy moly. I relate to this x10.
Want. Wantwantwant. Wantwantwantwantwant.
Crack open a beer while having a big ol' glass of vodka. Maybe split a bottle of wine while we're at it. And that's when no one's around to judge me for it. Jesus. I can't believe I'm still alive.

Anon 14 - when i was drinking i would regularly refill my wineglass before it was anywhere near empty.

Anon 15 - Put together something like 12 days after a massive incident. Was getting dinner with a friend and our relationship was heavily built on boozing. I told him about my shit that went down and how I would be trying to "take it easy" for a while. We go to pick up our Chinese food and there is a bodega right next to it. Do you wanna get some

beer?" He asks...The following day I was going to a baseball game and had already told myself I would be drinking...So if I'm drinking tomorrow why not just start tonight? We just get a 6 pack, each drink our 3 and he goes home. It's 8:55pm and I'm back at the corner store buying a half pint of whiskey...I finish that and head to the bar. I take home a random woman who's name I don't remember and she ends up being married :/ I wake up the next day feeling rough and proceed to get annihilated at the game not really remembering any of the experience. That's me "trying to be good" and "taking it easy for a while"

By (re)storying their drinking stories in a recovery context, members devise a new understanding of “normal” drinking and that they are unable to drink in accordance with this definition.

Members come to this conclusion individually and in different ways; however, the information they rely on to come to this conclusion is from the shared repertoire of “language, routines, sensibilities, artefacts, tools, stories, styles” (Wenger, 2000, p. 229) that is built through engaging with similar others to negotiate what “normal” drinking is and is not:

Anon 16 - After 61 days sober I am doing a lot of reflecting. This morning I was in the shower and I noticed I had no bruises on my body, none at all. When I was drinking I was covered in them, deep, blue bruises and I couldn't remember how I got them. I would have to make an educated guess at which corner of furniture I had bumped into. I wet the bed on numerous occasions over the last few years, I hid empty bottles in the normal bin so the neighbours wouldn't notice our glass bin, I would beg my SO to go and get me another bottle of wine as I couldn't go back to the shop to buy more in case someone noticed and there was never ever any wine left in the wine rack, if it was in the house I had drunk it. How on earth did I ever think this was normal moderate drinking? I really didn't believe I had a problem, I thought this was how everyone drank . I still cannot get my head around the fact that denial is so strong and overwhelming, I don't understand how I genuinely didn't believe I had a problem for so long and it took such a long slow process to go from 'maybe I am drinking too much' to 'I am an alcoholic and I have to stop now'. That took 2 years!! I am going to go and read up on denial now :)

Anon 17 - I, too, thought that this was "moderate drinking." A bottle of wine a day. Hiding bottles. Anyone who drinks moderately doesn't hide bottles! What the heck?! Denial is a monster.

Anon 18 - I'm quite baffled by how deep my denial ran, since getting sober I've unravelled that web of deceit a lot of the lies, excuses, justification, comparison. I thought my drinking was normal or cool for a long while, ignoring the questionnaire from my

doctor - I lied on that, because all the questions were clearly there to trip me up, right... And for the latter years, I kinda knew I was drinking destructively, I knew the shame of the recycling bin, the hiding of bottles, the rotating of supermarkets, that I passed out on t[h]e sofa every night... but I still normalised it. I'd had a tough time, things were rough, I'm an adult, I can drink if I want to.

Someone on here likened it to having a parasite in the brain, and getting it sober that parasite starts to wither and die. Certainly my thoughts were completely irrational, crafted to protect my drinking habit at any cost! And SO much time would pass whilst I considered it future me's problem. I'm very glad I woke up finally!

In this conversation, we see how people find similarities in the very fact that they engaged in comparing their drinking with others' drinking habits and sought to normalize their own. **Anon 16** reflects on how strong their denial was, and the other participants share their experiences of denial and normalizing drinking behaviours. **Anon 17** echoes the confusion **Anon 16** described in regard to hiding bottles, and how they could ever think that they were drinking moderately because, "Anyone who drinks moderately doesn't hide bottles!" While **Anon 16's** denial was dressed as ignorance because they compared their drinking to how they "thought that this is how everyone drank", **Anon 18** describes accepting that their drinking was destructive and normalizing those destructive behaviours through self-manipulation.

Recognizing denial, then, is part of the shared repertoire that members create and sustain by engaging with others through the practice of storytelling. Despite the different ways it manifests itself, denial is a similar experience amongst users of r/SD. **Anon 16** describes recognizing their denial of disordered drinking as "a long slow process to go from 'maybe I am drinking too much' to 'I am an alcoholic and I have to stop now'" **Anon 18** describes unravelling denial as a change of point of view that can only be potentiated when alcohol use is stopped: "Someone on here likened [denial] to having a parasite in the brain, and getting it sober that parasite starts to wither and die." Borrowing an anecdote from another member of r/SD, **Anon**

18 is able to frame the trouble that active drinking brought them to recognize their denial and justify their recovery identity. Frank (2010) says that trouble is a two-fold capacity: it both makes and deals with trouble for people. To deal with trouble in a story, Frank (2010) suggests to “resituate it within a different story...in which the force of the original story is transformed...embedding one story within another” (p. 38). Instead of continuing their behaviours, **Anon 18** “wakes up” and restitutes their troublesome stories of normalizing destructive drinking by embedding them into their stories that “do” recovery. Thus, trouble is (re)storied: what was once fodder for denial is now the foundation of acceptance. Dismantling denial and accepting the mark of AUD is a process of acceptance one goes through to (re)form their drinking identity into a recovery identity.

4.2 (Re)forming

*Here I'll find you in between
Heaven and hell again where nothings what it seems
It's just as well my friend
I'm givin' me the creeps
And a farewell to arms and legs and heads and heart
- Alkaline Trio, “Help Me”, *Agony and Irony**

Realizing disordered drinking and then recovering from AUD are intensely individual experiences that rely entirely on social processes. Both comparing the self and its behaviours to others in pursuit of “normal” drinking and seeking similarities in others’ storied experiences in pursuit of recovery are deeply personal endeavours that occur in social context.

Recognizing one can't drink “normally” begins the process of acceptance. Others forgo attempts to change drinking behaviours and justify their drinking by hanging around with others who have similar drinking behaviours, hiding the amount they drink, or by isolating and drinking alone. Sometimes all of these things occur in tandem. Either way, those with AUD pursue spaces

and situations to normalize their drinking: a neighbourhood pub, a friend group, a hobby, a career, a significant other, or a lonely corner of a bedroom. They co-opt caricatures that justify and romanticize their drinking: the 'cool' party girl, the tortured artist, the drunk punk, the connoisseur, the sophisticated intellectual. Over the course of my drinking career, these are some of the narratives I incorporated into my drinking identity; it is by no means an exhaustive list. This pastiche is compounded with all the stories one has been told about alcohol and are often reinforced by memories of positive drinking experiences. However, when these drinking experiences begin to turn negative, identities that are inexorably tied to drinking become threatened: if drinking is central to one's identity, then that identity will slip into oblivion if they stop drinking. It will not disappear, but it will not be accessible without alcohol. While the experiences have become negative, narratives that influenced their identity—that framed their positive drinking experiences—haven't changed. This is existential crisis inducing for the drinker. Without identity, who are we? What is our purpose? And, how do we enact that purpose in the world? **Anon 19** and **Anon 20** discuss their struggles with their drinking identity:

Anon 19 - I'm afraid that by quitting drinking, I'm going to lose my identity and something that makes me cool and unique. I realize this is unreasonable, but it's the thought that keeps coming to mind. I love running and fitness, but even with an incredibly clean diet I just keep packing on pounds from beer and I'm usually too tired or hungover to work out more than a few times a week.

Anon 20 - I really identify with this. Drinking beer was not only central to my identity, but it was the only identity I created for myself that actually worked. I was a pub regular, good at darts, and always up for a beer. The thing I painfully had to find out is that it was all just a temporary illusion. Alcohol will take its toll no matter how cool it may seem - even if it was at one point really, really cool and fun. However, as my physical health slowly faded, as my cognitive and memory functions diminished, as I was increasingly unable to do my job, as friends moved on with their lives, after the pub shut down, as I became increasingly selfish, as I lost interest in all things non alcohol, I found that I really had no identity at all. The drinker identity is like a really cool Halloween costume. It is all just pretend and only works while the party is going on. Once the party is over, it is time to return to reality.

Fears of losing identity—and in the case of **Anon 20** their only identity—holds many people back from quitting drinking. A core part of their being feels threatened, and the uncertainty is somewhere between uncomfortable and paralyzing. Human beings react to threats by fighting them or fleeing from them. Threats to identity are no different, and individuals will fight to protect their identities or flee from what threatens them. In the case of AUD, people will go to many lengths to protect their drinking identities from the threat of being labeled with disordered drinking by others and by their selves. When confronted with the consequences of their drinking, individuals deny that there is a correlation between their drinking and the problems in their lives; they bargain with themselves and others to attribute their alcohol-related issues to factors other than alcohol:

Anon 21 - I didn't know alcohol was a cause and a contributor to these issues. Just a week into my sobriety and things are already better.
Inability to wake up early and take care of myself by exercising, meditating, eating breakfast, preparing properly for work, etc.
Trouble concentrating on the task at hand, difficulty focusing while reading or writing, short term memory issues.
Skin problems: rosacea, eczema, breakouts, dryness, fine lines.
Total lack of energy throughout the day.
Crippling anxiety setting in the moment I woke up in the morning.
I'm still not sleeping well and I'm dealing with generalized, intense irritability, but I can take those things on. Even though I suspected I had an alcohol issue, I didn't know the effects were so far-reaching. I'm motivated to keep going and excited to see other ways my life will be impacted by the absence of a substance that others can handle but I can't.

Or, they tell themselves that they are entitled to drink because of their problems in their lives.

Often, they drink to avoid pain. **Anon 22** shares how denial influenced their drinking behaviour and the justifications for it:

Anon 22 - I'm certain I'd have clocked many gold medals if Denial was a sporting event. I had many distractions from the problems caused by drinking. Devastating self-image and eating disorders were my go to justifications and when they failed I had my faithful 'but I've been raped, I'm entitled.'

Entitled to drink and consume whatever I wanted, hurt and damage whoever I wanted because, if you had my pain you'd drink too.

I drank because work was a nightmare. I drank because I was so lonely I thought I might die from it. That was why I drank. Maybe I was just broken. I drank so I could avoid eating. Food was my enemy.

They compare their experience with others, justifying that their drinking “wasn’t that bad” compared to what they perceive as “worse.” Ignoring the stigma about what it means to be an “alcoholic” along with comparing instead of relating is an incubator for white hot denial:

Anon 23 - For the past week I've had some obsessive thoughts creeping in telling me that my drinking wasn't that bad. Since starting the sobriety thing, I've met a lot of people through face-to-face sober support groups. The social support and community have been very helpful to me. But a lot of them tell war stories of their drinking days that make me feel kind of ridiculous and like a hypochondriac, because I never got a DUI or physically injured etc. I kept it together at parties. But each and every night for the past few years I would have between 5 and 8 drinks, and felt like crap constantly. I couldn't cut down or stop until I got help. I know on an intellectual level that I qualify as having a drinking problem, but that doesn't stop these thoughts of "I guess it wasn't that bad" from nagging me. I think the point of this post is that I want to feel less alone in this denial swamp, and I'm sure plenty of people on here have similar experiences. Thanks everyone. P.s. Not facing the more tangible consequences is almost certainly just be due to good luck. I've certainly had more subtle consequences (eg having no life to speak of)

Denial is the ultimate shield to protect a threatened drinking identity, but it spurs stressful internal conflict that leads to volatile emotional responses. Anger, depression, and anxiety are the primary side effects of the tension that continual bouts of bargaining bring. **Anon 24** recounts how these emotions become more prominent the more they justify their drinking identity in face of its consequences:

Anon 24 - I used to joke about being an alcoholic. "I'm not an alcoholic, alcoholics go to meetings!", "I wanna get white girl wasted", etc etc, blah blah blah. Why do we joke about it? It bothers us, so we throw some cognitive dissonance at it? Justify our drinking? "Everyone else I know does it, so it must not be a problem". That, or - we're all fucking alcoholics. And just want to go on pretending it's okay, it's normal, we're not hurting anyone but ourselves, it's funny, we're young, blah fucking blah blah
So I stopped and actually fucking thought about my drinking, thought long and hard. Drank and thought. Drinking and thinking about drinking. Then I tried to stop. I made it a

month, I thought "this is no fun, I'll just keep it to a minimum, I won't have more than a couple". A couple turned into a few, then just enough for a light buzz, then a few more, then just enough to get kinda drunk, drunk, really drunk, wasted, hammered, smashed, fucking obliterated blackout drunk. A couple months later and I was right back where I started. I couldn't stand it, needing a drink every fucking day. Who am I kidding? "A drink" - ha! Hahaha! It's never A drink. That's just what we tell ourselves in our little dissonance dance.

So I decided just to drink on weekends, because that's what 'normal' people do, right? Work hard like good little citizens all week, thirsty as fuck for that glorious weekend of partying. Friday's here, time for beer! So instead of drinking 5-6 a night every night, I just drink 30-40 over 2 nights! DO THE MATH DUMMY YOU HAVE A FUCKING PROBLEM.

And I realize - I. Fucking. Hate. Alcohol. It's caused me NOTHING but pain, and shame, loved ones, years of my life I can't remember, self-respect, friends, endless wasted days being hungover, damage deposits, tens of thousands of dollars, and my fucking calm. I can see it slowly consuming people I love, killing others, giving them liver disease and strokes and worsening already existing issues and illnesses... And they still can't stop. They can't fucking stop. They're powerless. We're powerless.

Well FUCK THAT. I've had enough. I won't let this fucking poison hold me down anymore. I'll be there for those who want to join me, and those who don't. I have this power, the power to walk away and never look back. I'm mad as hell and it's gonna stay that way. Not another fucking drop.

Fuck you, alcohol. This is MY motherfucking life. And you can't be in it.

Anger fires off like a double-barreled shotgun at the beginning of bargaining. It's loud and violent, and the drinking identity shrinks away from the din. The drinker has stumbled past their capacity for denial and into negotiation mode. The individual weighs the romantic notions of their drinking identity against the emotional turmoil that drinking actually causes, leading to more internal conflict. At the crescendo of this conflict, a potential identity begins to form—an identity free from the conflict and consequences that drinking brings. It materializes alongside the still-frightened drinking identity. The sheer possibility of enacting an identity free of drinking-related stressors is very attractive because their drinking identity has gone from bringing pleasure and joy to causing anger, depression, and anxiety:

Anon 25 - its a fucking circle every god damn day, when im sober i want to drink, then once im drunk i feel guilty and want to live a better life, and think of all the things i can to stop, live healthier, be more successful, happier and sober. i dont do anything that will

get me into trouble when im drunk, its just i feel like im not getting anywhere in life and living life on repeat. its fucking annoying, but i dont see that when im sober. its only when im fucked up when i have motivation to be better and have the thoughts to a better future. my life is LITERALLY GROUNDHOGS DAY [a film with a character stuck in a time loop]. i need help, ive been lurking around this subreddit, and reading it on my breaks at work, and its giving me motivation to work on my addiction, but that little voice just overrules me, i cant stand the realization on how weak i am to it.

Anon 26 - Was sober for two years and ever since I started again my life is getting more and more unmanageable. I really messed up on the weekend, but all day I am in shame and guilt. When I get home a few drinks eases the pain. I want to be sober then I don't. This seesaw of indecision is driving me mad.

Anon 25 and **Anon 26** describe the “seesaw of indecision” that is characteristic of bargaining. The possibility of living a non-drinking identity becomes a new fixation in the eyes of the drinker. It becomes a wild fantasy they escape into when the consequences of their drinking and the related emotions threaten their other identities: social identities (school, hobbies, career, etc.), interpersonal identities (parent, sibling, significant other, friend, etc.), health and wellness identities (physical, mental, and spiritual) and the private, internal identity that drives our inner voice and precedes all other identities—the self. At this point, the individual is bargaining with themselves to decide which identities have priority over others:

Anon 27 - I have a minimum of two mental health issues, and am being tested for a third, and I have four different therapists. Recently I have drunk to the point of vomiting and ruining relationships. I was trying to not get too drunk this weekend, but I ended up drinking too much and possibly scaring this girl off. I've already been black out drunk in front of parents at a tailgate, and people have to constantly babysit me when I get drunk. I don't like being a burden on people, but it happens seemingly every time. I've attempted to stop drinking or cut down multiple times, but it doesn't work. I always go back to alcohol to cope with my issues. I only have two drinking speeds, not drinking, or getting obliterated. There's no real in between for me. Alcohol has caused many problems for me, but I can't seem to stop drinking.

Alcohol’s effect on cognitive ability problematizes this process. Drinking to excess often leads to decisions that wouldn’t be made when sober and then drinking to mitigate the anxiety and depression brought on by the consequences of those decisions. **Anon 28** shares their struggle

with the cycle of drinking to deal with drinking behaviours and how “[m]asking my problems with alcohol made them grow monstrous and multiply”:

Anon 28 - So the Elliott Smith song "Baby Britain" came on this morning, and the opening lyrics struck me:

"Baby Britain feels the best / floating over a sea of vodka / separated from the rest / fights problems with bigger problems"

This got me thinking. I used to drink to fight the hangover caused by the drinking to fight the anxiety caused by the drinking to fight the depression caused by the drinking to fight the money problems caused by the drinking to fight the loneliness caused by the drinking...

Masking my problems with alcohol made them grow monstrous and multiply. I heard a saying recently that I love: "Shoot the gators that are closest to the boat." Here's to a sober day of making our way back to land, one gator at a time. Or, you know, some better metaphor not involving gators.

Bargaining continues ad nauseum until the threat to prioritized identities becomes too great—
only then does the drinking identity lose its value to be enacted in the world:

Anon 29 - I feel motivated to write this post now as I've attended my first AA meeting a few days ago (on Saturday). I left thinking that it would probably be my last because I assured myself that I'm not in fact an alcoholic like the other people in the room. I told myself that I'm not as fucked up as the rest of them at the meeting. Yet while I was sitting in the meeting and listening to stories about drinking I found myself craving a drink, badly. This can't be normal, right?

I made it a whole 24-hours before I had my next drink. I bargained with myself and made the compromise that I would only drink once a week and I would only have 2-3 drinks. Admittedly this is basically what I'm doing now but my once a week drinking has routinely turned into 10+ hour benders.

I know I should have stopped completely in May when my doctor told me something was irregular with my liver lab results. I was advised to stop drinking alcohol, yet I didn't. I have been in denial for so long. Years of signs that I should stop--a previous DUI, a plethora of embarrassing and hurtful intimate episodes (aka regretful sex), fights with my previous SO, fights with friends and family, missed work, missed classes, etc...yet here I am years later still struggling to come to terms with being an alcoholic.

It's been hard to consider myself a true alcoholic I suppose because I truly am high functioning. Over the years I've gotten better at juggling my drinking life and the other aspects of who I am. Outwardly you would never know. I exercise at least 5 days a week while training for a marathon. I am typically always pulled together and am somewhat particular about my appearance. I have good relationships but I think this is in part because I'm getting good at hiding my drinking.

With that, I'm ready to stop. I've been so depressed and sad today that I drank yesterday. Drinking is no longer fun for me and this realization is definitely a turning point. I don't

really have any questions at the moment but truly just wanted to get all of that off my chest. Thank you again for reading and I commend everyone on here for realizing their addiction and wanting to do something about it.

Anon 29 shares that they put many identities at risk to protect their drinking identity: health, safe driver, friend, family member, lover, significant other. Yet, they still find it “hard to consider myself a true alcoholic” because they believe they are “truly high-functioning.” **Anon 29** has attempted to salvage their other identities by “getting good at hiding [their] drinking.” Still, they realized that “[d]rinking is no longer fun.” If they’re already hiding their drinking and it’s not benefiting them, then they only drink to mitigate pain: “I’ve been so depressed and sad today that I drank yesterday.” Although **Anon 29** recounts hurting others with their drinking behaviours, they also note that they “have good relationships” because they’ve hid their drinking to salvage them. The identities individuals with AUD are willing to sacrifice to keep their drinking identity vary. In some cases, the drinking identity has the highest priority amongst all identities, thus stripping the individual of anything that threatens their drinking. While I contend that recovery from AUD is always possible, I am aware that some with AUD prioritize their drinking identity above all others throughout their lives.

The cycle of bargaining and drinking to assuage the pain of the consequences of those bargains is the crux of AUD, thus blame cannot be assigned to the afflicted individual due to some sort of lack in mental capacity or moral conviction. Instead, AUD can be framed as a disorder in social context, where engagement with the self and others is negatively affected by alcohol use. Considering AUD in social context accounts for variances in use, definitions of disordered use, and the threshold for consequences of disordered use. In other words, how AUD is practiced and its consequences can vary greatly from individual to individual; the same is true for the practices and consequences of recovery. The unifying factor in AUD is that alcohol use

causes problems in individuals' lives that can only be rectified by changing drinking behaviours. The unifying factor in recovery, then, is the will to change drinking behaviours. Because behaviour is how identity is "done" in the world, a key factor in recovery is (re)forming drinking identities into recovery identities. From a recovery perspective, **Anon 30** notes how alcohol obscured their identity, and they only found a genuine identity through recovery:

That is the great lie that alcohol tells us. The truth is I never found myself truly until I started in recovery from alcohol. Why did I always want to numb myself through drinking? Why did I feel the need to keep going when others could stop. Through realizing I had a problem and addressing it, I was able to answer those questions and truly start to find myself.

The truth is, Alcohol was not my identity, it was an abusive asshole who tried to tell me what my identity was and now I am my identity instead. Its so much better now. Good Luck!

Anon 30 separates their drinking identity from their self, and (re)forms an identity based on the self instead of based on "the great lie that alcohol tells us." Personifying alcohol allows **Anon 30** to negotiate what alcohol does to their self: "it was an abusive asshole who tried to tell me what my identity was." Thus, (re)forming a drinking identity begins when the self begins to question the value of the drinking identity against the value of living an authentic identity that is crafted and sustained by the self. Once the story is loose in the world, even if it's only in one's inner world, it alters their reality; this is when recovery begins. Moving from a drinking identity to a recovery identity occurs over the time it takes to get from denial and bargaining to acceptance. **Anon 31** describes how *admitting* they had a problem with alcohol was a "confession with reluctance." Admitting led to denial, bargaining, and guilt. **Anon 31** freed themselves of the shackles of their unmanageable life by accepting that they had a problem:

Anon 31 - Acceptance is, and has been, essential to my progress. I learned that there's a big difference for me between "admitting" and "acceptance". I Admitted that I had a problem. But Admitting is confession with reluctance... So for a while, I admitted I had a problem with drinking too much wine. All that I accrued from

the admission of having a problem was the dividend of earned guilt. It was a reluctant confession. One I often wished I didn't have to admit.

I would with reluctance 'admit' a problem, but at the same time would avert, deny and postpone.

I came across a quote:

“what you deny or ignore, you delay, what you face and accept you conquer”

So one fateful day, when Life offered the mirror, I turned, stopped and looked full on and in depth at what Life was showing me: my life was unmanageable. Unmanageable emotionally, unmanageable spiritually and unmanageable physically. I stared at those stark images. I recognized the issues. I no longer denied them. I accepted them.

I Accepted that I had these issues. That marked the day that I acknowledged fully, and indeed, embraced, that I had a problem and I wanted to change. That acceptance made room for my Willingness. Willingness to do whatever was necessary to stop and to eventually achieve Sober Living. After stopping, I could then work on my Fear, Pride, Resentments, Impatience and Anger.

It all started with Acceptance.

Stewing in denial and engaging in constant bargaining puts the drinker in a sort of identity limbo, where anger, depression, and anxiety fuel the conflict between both identities. Once acceptance occurs, the recovering identity sheds its cocoon and bobs about, practicing existence in its new arrangement. Like the caterpillar, the drinking identity doesn't disappear upon acceptance, but it does change form. The mental energy used for bargaining is now used toward accepting aspects of their recovery identity:

Anon 32 - Things I'm in the process of accepting:

1: Life is not that great most of the time, and that's ok. Being bored at night is fine. Feeling lonely is fine. Feeling somewhat sad is fine. Learn to appreciate the small things, like going for a walk by the river or having a little conversation with someone in the newsroom. Every so often you'll have a great day, or a great moment, and it will feel great. Let it happen naturally, don't force it.

2: I'm a shy and reserved person. There's nothing wrong with that. I don't need to impress everyone I meet. I don't need to be outgoing to have a social circle, to be happy, and to accomplish my goals. Also, being shy \neq [does not equal] having poor social skills. I have good social skills, and can read people well - I am just naturally reserved.

Right now, I see acceptance as a way to stop trying to FIX things that aren't broken. There's nothing wrong with a long, lazy Sunday alone or with family. There's nothing wrong with quiet nights where I watch a bit of TV and go to bed early. I don't need to make them more exciting by drinking. I also don't need to fix my personality by drinking. I get along well with people without alcohol.

Anon 31 shares that “acceptance made room for my Willingness. Willingness to do whatever was necessary to stop and to eventually achieve Sober Living.” The recovery identity is now willing to (re)learn how to be in the world without drinking alcohol. The following section describes how members of r/SD navigate stigma to normalize recovery and (re)learn how to be with others and with themselves.

4.3 (Re)learning

*I'm like a child looking off on the horizon
I'm like an ambulance that's turning on the sirens
Oh, I'm still alive
I'm like a soldier coming home for the first time
I dodged a bullet and I walked across a landmine
Oh, I'm still alive*

- Green Day, “Still Breathing”, *Revolution Radio*

The recovering identity is now loose in the world: it takes in each moment from a different point of view and seeks a space safe to (re)learn how to operate in the world without drinking alcohol. It seeks guidance and support to navigate stigma and normalize recovery. To do this, individuals must make peace with the stigma mark of having AUD and the social consequences it may come with. As Goffman (1963) notes, stigma is a mark that separates individuals from one another due to socially conferred judgement; it’s a mark of a “spoiled identity.” Language matters here—many are unwilling to call themselves ‘alcoholics’ because of the stigma associated with the term. **Anon 33** prompts a conversation about this stigma by expressing worry about being labelled:

Anon 33 - So I now have 10 days sober. I feel better, but I keep wondering what will happen IF I drink. I am worried about the stigma about labeling myself an alcoholic, when I should be just happy that I am trying to better myself. I keep worrying about going off the wagon, I know I need to take one day at a time- thats all we have. I guess I am just anxious. I am not perfect, but I am trying. It just seems so hard to imagine my life with no alcohol right now. Like what will people think if I go off the wagon, I know I just need to "keep coming" if that happens.

Anon 34 - What stigma?

Anon 35 - I'm pretty sure some people view alcoholics in a negative light. My grandpa doesn't understand why I can't just have a couple of beers like he can. I think he sees it as a character defect.

Anon 36 - Right- my dad is oldschool and he doesnt get it. Like he thinks its shameful to label yourself an alcoholic and I can tell he is embarrassed. Also- I guess I feel like (I am 28) I will never find anyone to be with because I am also schizophrenic and have depression. Who wants all this baggage?

I am one of these people. I will talk about my experience with AUD, in great detail if prompted, but I do not consider myself an “alcoholic.” There is a part of me that thinks I am above that term (not the people who choose to use that term to describe themselves) because I haven’t reached a personal bottom low enough to be an “alcoholic”. I have built up a conceptual alcoholic in my mind that represents the worst-case-scenario identity I would be burdened with if I continued to drink. Stigma undoubtedly has a large influence on this, and it is possible I may embrace this term further in my recovery. Regardless, I am very aware that I have a very serious problem with alcohol, and that if I want to protect all my other identities, I have to let my drinking identity go. One of my main issues with AA is that I have to say “I am an alcoholic” to preface every story I tell—I feel like that’s the identity I’m avoiding by engaging in recovery. I’m much more comfortable saying, “I am in recovery.” There’s something way less defeatist about this point of view. I prefer to avoid the term, like many members of r/SD:

Anon 37 - I don't use the term, I'm not a fan of labels. Alcohol was a problem for me, so I stopped drinking.

Anon 38 - I posted about basically the same thing this morning. In the same boat. Feel like a public label is also setting me up for public failure.

Anon 39 - Our culture is strange in that abstaining from alcohol is seen as aberrant. I think the story should be flipped- drinking alcohol should not be normalized to the extent

it has been. I know I'm an alcoholic, but I don't think it matters that other people use that label for me.

Others are comfortable with the term alcoholic and prioritize individuals who support their recovery despite the stigma associated with it:

Anon 40 - You might be surprised what people will think. Anyone who loved me was happy when I stopped drinking and, now, I think, would be shocked and scared if I started again.

I have no problem with the term "alcoholic". I am a good person with a bad disease. It is chronic--never goes away--but it does go into remission when we stop drinking and have a program of recovery.

One day at a time helped me immensely. It's normal to be anxious. I'm glad you're here; stay in touch.

Whatever language one with AUD chooses, they have to make peace with how they are perceived by others and what it means for how they live their lives and. Goffman (1963) distinguishes between discredited stigma (perceivable marks such as skin colour or accent) and discreditable stigma (invisible marks such as mental illness or AUD). Discreditable stigma is “found out” through interactions with others in specific contexts. He describes the how stigma leads to unbalanced social relationships because the stigmatized individual is expected hide their suffering to keep lay people comfortable so the stigmatized aren't avoided or excluded. In other words, those stigmatized carry their burden in silence to mitigate the discomfort of others as to not be marked aberrant. Without discourse around this phenomenon, lay persons will not be able to make sense of the point of view of those stigmatized, thus invigorating the stigma and suffering of those burdened with it:

The stigmatized individual is asked to act so as to imply neither that [their] burden is heavy nor that bearing it has made [them] different from us; at the same time [they] must keep [them self] at that remove from us which assures our painlessly being able to confirm this belief about him. Put differently, he is advised to reciprocate naturally with an acceptance of himself and us, an acceptance of him that we have not quite extended to him in the first place. A PHANTOM ACCEPTANCE is thus allowed to provide the base for a PHANTOM NORMALCY.

(Goffman, 1963, p. 122)

No matter how private someone is about their recovery, when around dissimilar others in spaces where alcohol consumption is socially expected, the very act of not drinking becomes a source of anxiety: Why aren't you drinking? Do you judge us for drinking? Why did you quit? Your drinking wasn't that bad, etc.:

Anon 41 - Another thing that bothers me is when people say "you aren't that bad" or "you are not an alcoholic". Its like they don't know how I feel (I.e. I can't control my drinking). It really hurts.

Link and Phelan's (2001) addition to Goffman's (1963) work on stigma expands the definition to include factors that make up stigma. Below, **Anon 42** bargains the consequences of relinquishing their drinking identity and expresses fears of being labeled an outsider who will be subject to stereotypes, prejudice, and discrimination. They bargain with relinquishing their drinking identity. They fear that quitting "will label me as someone with a problem." Here, problem insinuates that the labeled difference is predominately negative. They fear that they "will make my family and friends, who love drinking and make it a central component of almost all social interactions, uncomfortable." This fear is seated in the assumption that their friends and family have accepted and endorsed stereotypes about AUD and recovery, will be prejudiced against them, and eventually discriminate against them through avoidance or exclusion to avoid discomfort:

Anon 42 - This is probably going to sound petty, but the main thing holding me back from quitting drinking right now is the stigma that comes (at least in my friend group) from not drinking.

I just saw the trajectory of drinking described as "fun, then fun with problems, then just problems." I've been drinking regularly for about five years, and I'm on the tail end of the "fun with problems" stage. I have plenty of nights where I'm able to regulate my drinking just fine. By no means does a night of drinking end up in shame for me. But sometimes it does. Very recently, two things have been worrying me: the appearance of violent thoughts and the more frequent inability to stop drinking once I've started.

None of my friends or family think I'm an alcoholic. Someone with a lot of enthusiasm for craft beer, sure, but not an alcoholic. I fear a move to quit drinking will label me as someone with a problem. I fear it will make my friends and family, who all love drinking and make it a central component of almost all social interactions, uncomfortable around me. Has anyone else experienced this? Has anyone lost friends because they quit drinking? Or am I just being paranoid?

Edit: Thank you so much for the replies and helping to keep me level-headed. I told my best friend about my decision to quit alcohol for a while today and she was completely supportive and even said she was thinking of cutting back on drinking as well.

People who were once your friends are now sources of anxiety, and in some cases, unsupportive of your choice to stop drinking. **Anon 42** fears that their friends and family will be unsupportive of their decision because they do not fit their mould of what an “alcoholic” is: “None of my friends or family think I'm an alcoholic. Someone with a lot of enthusiasm for craft beer, sure, but not an alcoholic.” Even if one continues to engage with these friends and go to drinking-centric places, there is a loss of allure to both. Without drinking, these places and situations don't have the same sparkle they used to—the gem is clouded from a new point of view. **Anon 43** offers advice to **Anon 42** by describing navigating stigma and its social consequences as “one of the grieving issues that comes with sobriety.” They share a similar story of feeling othered, and that **Anon 42** should “get out of their comfort zone” and expand their social support network:

Anon 43 - What you describe is a common occurrence. I'm sorry for your hurt and disillusionment, but this is one of the grieving issues that come with sobriety. Your "friends" don't know how to act, so some of it can be chalked up to ignorance. Some may be threatened. If you stopped drinking, then what does it say about theirs? Most of us do not thrive in recovery unless we change just about everything, including our social contacts. I found new, sober friends in AA and learned how to have fun without drinking. Nevertheless, it took time and I shed many tears. I lost a partner of five years who couldn't drink the way he wanted to if I was around. Many other nice people were not-so-nice when drunk. I couldn't be happily sober hanging out with them anymore.

At first, I felt like I had leprosy or something. But, you can't sit at home and expect the world to come to you. It won't. Get involved in AA or SMART recovery, join the Y or a fitness club, volunteer. Step out of your comfort zone. I already know that's where you are now, so what the heck take some more flying leaps into the unknown.

Glad you posted. You are not alone and this will help other people too. Congratulations on 95 days!

Anon 43 tells us that the social loss can be great, but there are gains if they do things in places and with people that do not involve drinking. Though, “it took time and I shed many tears.” When the recovery identity is taken on and the AUD label applied, there can be both positive and negative responses. Positive responses from peers, family and friends help those with AUD seek and access treatment (Pescosolido, 2006; Perry, 2014; Rosenfield, 1997). Negative responses, however, often narrow social networks and result in internalized negative feelings about their recovery identity. As **Anon 43** notes, “Most of us do not thrive in recovery unless we change everything, including our social contacts.” Other members tell stories of social losses and gains:

Anon 44 - I lost almost all of my "friends" when I quit. Funny thing was, all they wanted to do was drink with me so when I stopped drinking they couldn't give two fucks about anything else I did instead.
I'm really torn up about it.

Anon 45 - I lost friends when I quit (i've relapsed a few times but I'm talking about when I first got serious about quitting mid-last year). But in hindsight they were just drinking buddies. I didn't hang out with these people unless there was alcohol involved, so it's no surprise.

Anon 46 - I am also a social binge drinker. (I can go for days without, but can never have just one.) I am seriously considering sobriety and this is one of my biggest fears. I'm thinking one way to weed out the close friends from the drinking friends is to propose another activity if someone invites me to drink.
"Nah, I don't feel like going to a bar tonight. Do you want to go for a walk/shopping/coffee/movie instead?" If they say no, they probably are not going to be helpful to me in my efforts to stay sober.

Many members redefine what it means to be a friend and how they action friendship in the world with a recovery identity:

Anon 47 - I certainly didn't lose any friends when I stopped drinking. I may have lost people that I got drunk with, but they weren't my friends. My friends stood by me and continue to do so. Friends want the best for you, not just to get drunk with another poor miserable soul. Good luck!!

Anon 48 - There are friends (who are probably already worried about you and your drinking) and there are drinking companions who very much don't want to think of you as having a problem because that would force them to look at themselves.

Anon 49 - I hear you on the friend situation. I am a much better friend now. It sucked to realize that while I do care deeply about my friends I wasn't very reliable. I never blow people off anymore, because I don't wake up feeling like death and I can fulfill my obligations.

It is true that I don't hang out with as many people anymore. The friends I would drink with I don't see nearly as much of, because they hang out at bars. But I also feel like I am making room in my life for some healthy friendships with healthy people and they will come along soon enough. Right now I am just going to hold tight and appreciate those in my life and be the kind of friend I would want :)

Often, individuals find the most effective (and affective) support in recovery spaces with similar others, AA, r/SD, or otherwise:

Anon 50 - I feel your pain here. This was one of the reasons why places like AA were so helpful to me. I really needed to be around people who understood my problems....especially very early on.

Let me just tell you that you are not alone out there and there are many, many people just like you and willing to support you.

Anon 51 - I somehow got to this subreddit in the middle of a panic attack. I decided I needed to stop drinking and worked myself up a ton by reading things online that just made me feel scared and hopeless. Posting here was just a shot in the dark, but I was amazed at the support and positivity at the responses and began browsing through other posts. The mix of people in my situation and those who have gone through the exact same thing and continue to offer support, insight, and advice is really uplifting. I come here everyday, occasionally post, and get excited when I hit a new milestone with my badge. I'm not saying that I won't eventually check out AA meetings or start talking to people IRL [in real life] when the time comes, but as of right now this subreddit has and is doing wonders for me.

This can be an especially difficult task for those with social anxiety. Following Goffman (1963) and Link and Phelan (2001), Pescosolideo et al. (2008) craft the Framework Integrating Normative Influences on Stigma (FINIS). FINIS seeks to show that individuals bring both

individual and contextual influences to social interaction. In other words, stigma lives in the overlap between community and the individual. Experiences of stigma are categorized by levels of social life, from the individual experiences (micro) to experiences in their social network (meso) and societal-wide factors (macro). Navigating stigma at each of these levels is an important part of normalizing recovery. They have to accept that a recovery identity means accepting societal-wide stigma. They have to (re)learn how to navigate alcohol-soaked situations from the point of view of a sober person or choose to avoid them all together. Choosing the former can be difficult in early sobriety, and as noted above, “drinking buddies” tend to fall to the way side because their only social tie to them was consuming alcohol:

Anon 52 - I noticed a lot of my friends weren't supportive/kind/the kind of people I want to spend a lot of time around

Anon 53 - I can particularly relate to your part about drinking friends. When I was a drunk I lost touch with a lot of my healthy relationships, and now that I'm sober I can't relate to my drinking buddies at all. I attended a happy hour a few days ago and lasted about 10 min before pretending to get a text and getting out of there. I'm sober, I'm kind of an antisocial grump, and I'm ok with that.

Anon 54 - I've been alcohol free for 13 months and I've found that intoxicated people are what I need to avoid. I'd never go to a bar or a happy hour, but if my friends or family want to have a drink it doesn't bother me. If I have people over for dinner I don't provide alcohol, but if someone wants to bring some that's fine. The longer I'm sober, the more clear it is that people without drinking problems don't drink obnoxiously, and don't give a red cent that I don't drink. I'm not going to tempt myself by going to a craft beer fest but I'm not going to constrain the behavior of others for my comfort.

Choosing the latter can be isolating, especially if drinking permeates most conversations and interactions. However, some find it empowering to forgo avoiding spaces and situations that are alcohol-centric because they have opportunities to strengthen their resolve and engage in new strategies to navigate drinking spaces:

Anon 55 - Different strokes for different folks. Me, my attitude is I can't avoid it forever. It permeates our society. Hiding home and avoiding events or get togethers will (in me anyway) breed resentment and only make things harder the next time I see whatever and whoever I was avoiding. It's up to me, and me alone, to make the conscious decision not to drink. To me, dry places dry people is like putting a band-aid on a bullet hole. I need to be strong enough in my resolve and discipline to simply say no thanks and not rely on safe places to make good decisions.

Anon 56 - I had a rough time this weekend. It was a friend's birthday party. While the group is close knit enough to know I'm not drinking, it didn't really change the dynamic of the actual party. I was literally the only person there that did not have an alcoholic beverage (my friend's wife only had a drink or two as she's a new mom). I drank soda all night.

There wasn't any pressure from anyone--everyone there respects my decision. However, what really sucked, was the in depth conversations about drinking: discussions of beer hoppiness, discussions of whiskey flavor (complete with the bottle being passed around). Those were a bit much, but I didn't want to leave the party, so I just left the room. That being said, it's kind of hilariously ironic how things may end up for me. I used to be the guy who left a party or gathering early. I would always tell people I was tired, but the real truth was that I just wanted to go home and drink by myself. Now I'm going to be leaving gatherings early because I need to go home to avoid drinking.

And, they have to (re)learn who they are and how to be with themselves:

Anon 57 - I've been dealing with those same exact struggles in sobriety. When my head cleared up, and I started learning how to be a person I like.

Anon 58 - I had to learn to be vulnerable, honest, what I came to call--molecularly honest. That extends to EVERYTHING I say on /r/stopdrinking and frankly all the Reddit forums. If I am to grow up, I need to embrace honestly, who I am.

Anon 59 - Sobriety brings with it tremendous clarity. The contours of myself are sharply defined since removing alcohol's foggy lens. How I think, feel and act follow acceptable patterns as I become less ambiguous to myself. Wearing my sobriety, it is as if I was once made of conflicting wrinkles now made ironed.
Excuse me for waxing poetic! I will not drink today!

Anon 60 - I had no idea who the fuck I was when I stopped drinking. it was terrifying. you're definitely not alone! glad you're here.
I had to reach deep into the recesses of my brain to start rebuilding my identity: what do I actually like to do? what are my authentic thoughts and opinions? what makes me tick? alcohol drowned all of that for years.
turns out I love to read and write - doing so in sobriety is paramount to my health. turns out I actually don't like parties! and, sadly, turns out I'm super insecure and have a lot of emotional work to do so I don't keep transferring addictive behaviors. two things that

really help are therapy and the 12 steps of AA. it's a lot of work but it's worth it. little by little I'm rediscovering my true self and accepting that I'm good enough as is.

In recovery, the echo of restraint is louder and the sparkle of impulse dimmed—the star of the soul burns to the beat of a new drum. (Re)learning how to be in the world after a massive shift in point of view alters the course of all stories of the self and how the self will interact with others. With recovery comes the burden of stigma; one must not only (re)learn how to live without alcohol, they must (re)learn how to navigate a world complicated by dominant narratives about AUD. How one wears this scarlet letter is deeply personal, but the mark is unavoidable in a social context with such deep-seated stigma. Thus, part of the (re)learning process is coming to terms with this stigma. On r/SD, members share how they negotiate their relationship with stigma from a recovery point of view:

Anon 61 - I'm still really new at this, but I've reached a point where I don't care much about the social stigma. The last few years I didn't drink to the point of making poor decisions (mostly cause I drank at home), but it was affecting my life severely all the same. I want to be present in my life. So far I have not lost any friends.. But if I do, I'm okay with it. If someone doesn't want to be friends with me because I don't drink, then they weren't my real friends to begin with. My health and enjoying life have become much too important to me.

Anon 62 - As for the stigma, I've found that most people don't care. I think the stigma is actually a bigger issue in our own minds than it is for other people. I had a difficult time imagining life without booze, so I thought others saw it that way too. In my experience most people don't really care if you drink or not.

Anon 63 - Your point about the stigma being bigger in our own minds is so true. Anyone with a normal, healthy view of alcohol probably isn't going to care.

Anon 64 - I'm much more conscious of the social stigma of being a drunk.

When one learns to navigate stigma, life without alcohol is celebrated instead of stressed over; recovery is the “new normal” way of living in the world:

Anon 65 - I struggled to imagine a life without alcohol when I started. I just hung in there until after a few months being sober had become my new normal. I love my sober

life now, everything has turned on its head and I struggle to comprehend why I drowned my life away for so long.

Anon 66 - Now I have too many friends that I have to schedule activities three weeks in advance with, who see me and tell me how they wish I would hang out more because they have so much fun and appreciate me and my new way of doing things. I've really never had this problem before, being sought out as a mentor and friend. I like it.

People with AUD (re)learn to be in the world with a recovery identity in an online CoP by sharing stories with similar others to navigate public and self-stigma. They align their recovery practices with the shared repertoire afforded by r/SD to normalize recovery:

Anon 67 - Does it get easier? I know, i keep asking long timers. It just seems so hard RIGHT NOW...I hope as I see the benefits it gets easier.

Anon 68 replies to **Anon 67**:

It absolutely did for me. Over time, my urges waned in intensity and frequency. I started to learn and practice healthier ways of coping. I just kept busy: reading, gaming, TV and walks occupied my time, and I used sparkling water to divert my urges. When I got to four months sober, I had adjusted pretty well, and from that point things have been pretty easy for me. I remain vigilant, and my focus now is just enjoying and living my sober life as best I can. I'm comfortable being sober now, I'm so grateful that I hung on [through] my initial struggles.

In other words, members of r/SD do recovery together.

Chapter 5: Discussion

In this thesis, I show how a community of practice framework is useful for considering online communities of social-based coping. I show how storytelling is the crux of AUD recovery, and that dominant narratives about AUD must be challenged in pursuit of a social context of compassionate concern. By encouraging those with AUD to tell their stories and reassuring them that it is socially acceptable (if not socially encouraged) to do so, the value of stigma will disintegrate. Stigma relies on the many isolating the few via social exclusion. If the many wove more inclusive dominant narratives about AUD, the distinction of the many from the few would be negligible, and the social consequences of recovering from disordered drinking would be inconsequential. In fact, it may be celebrated.

I showed that autoethnography is not simply “navel-gazing” (Marechal, 2010). Autoethnography strives to explore the relationship between the self and others, living stories and grand narratives, and the self and specific social contexts (Chang 2008 as cited by Ngunjiri 2010). An abundance of others are involved in the same social contexts as the self; thus, collecting data about and analyzing the self inevitably moves toward an exploration of others and the context they share with the self. In short, autoethnography is an insider account of belonging to a specific social category. In my exploration of r/stopdrinking, my participation in it, and by practicing recovery through participation, I found that AUD is a disorder of a person in social context. Thus, the importance of disabling stigma is paramount to shift the social context to one of compassionate concern. However, anonymity should not be exercised from practices of recovery—the stigma of AUD and living recovery are deeply embedded in our social consciousness, thus necessitating anonymity to avoid social consequences. In analysis, an activist identity presented itself while doing recovery. Those in recovery with this dependent identity are

empowered by working to dismantle stigma, and thus proudly shoulder this responsibility. As the stigma is chipped away, the threat of it will decrease, and more people will feel safe to live their identity in public spaces.

I show how members of the online community of practice r/stopdrinking do recovery. I show themes that emerged from autoethnographic storytelling analysis, and how those themes work together concurrently, powered by recovery storytelling. I call this the recovery helix. (Re)storying, (re)forming, and (re)learning are distinct processes, but operate in such a way that the whole is greater than the sum of its parts. When it isn't nurtured, the recovery helix fades into a delicate, gossamer thing until it floats into the bargaining room with a reinvigorated drinking identity. To bolster this claim, I will describe how I (dis) and then (re) engaged with the recovery helix in my own recovery story. The following sections reinforce the prevalence of the recovery helix in recovery stories, the central role of recovery storytelling to the helix, how communities of practice can be described as helical, and how it can be inlaid with the recovery helix to frame future research of online communities of practice and their role in stories that heal.

5.1 Relapse

*I was searching for myself down in the mirror late last night
Last night
I saw the shadow of a man laced in blood diamonds and taken to flight
Who can bite
And the self-inflicted manner of a Jabberjaw thinking he's right
It's not right
It's defective and it's scattered and self-flattery wound up so wrong
So tight
And your sore eyes stopped looking my way a long time ago
Left my liver up in San Francisco
I swore I'd never go back down that road
That leaves me at the bottom of the bottle
Lonely and Kold*

-Matt Skiba and the Sekretz, "Lonely and Kold", Kutz

I relapsed three months ago. I quit again a little over three weeks ago. When I shared my experience on r/SD and re-broadcasted my choice to again engage with recovery, I saw myself (re)storying things I told myself when I was bargaining to drink again. I was (re)forming my recovery identity from this new point of view. Now, with this new perspective, I am committed to (re)learning how to engage in recovery by aligning my practices with practices of successful recovery displayed by members of r/SD and thus our shared repertoire. In short, I reengaged and realigned with the recovery helix by practicing recovery in an online CoP:

I drank for two months. I was miserable, wanted a release, and reasoned that I didn't like who I was sober I would try drinking again to see if I could moderate it and stop being so depressed and anxious.

Writing this back now and seeing it from an "I have a drinking problem" point of view... I see how fucked up that reasoning is. The most fucked up part was the entire time I was reasoning myself into drinking, I knew it wasn't going to work. I hoped that it would, but I knew that I'd eventually stop again. I didn't listen to my voice and I wasn't keeping up my mental and spiritual health. I wasn't engaging much with this community, either. I had given up on resolve and resigned myself to being like 'everyone around me' and to 'have fun.'

Throughout those 2.5 years, I was insistent on keeping my hobbies and friends that I made while drinking. I have become more and more depressed and become much more lonely since I quit drinking because I was always awkwardly sober in bar and party settings. People around me binge drink all the time and I still tried to have that bar identity--it didn't work when I was sober. I'm just as social but I can't force myself into being interested in some people or things when I'm sober.

I realized that this time I need to listen to myself. I'm not happy with my current friendship situations. I moved to another country four years ago and most of my good friends I met through bar jobs and music scene stuff and my SO's mutual friends. When I quit drinking, I realize how we don't have that much stuff in common. I'm very social and friendships are very important to me, and it's frustrating to have invested four years into a bunch of people and social things and not have very many meaningful friendships out of them.

I'm completing school in April and will have a new work community (I hope). Everything is changing so quickly, the move, parents dying, finishing a grad degree (11 years in school overall for an MA) and I'm mourning the lives I could have had. Not quite regrets, but fantasizing over 'what ifs', wondering if I'd be happier if I made different choices. Wondering if I'll be happier if I change things to chase old dreams, find news ones, or 'settle.'

I'm glad to not be drinking. I didn't really like it when I would--I felt like I was cheating myself and trying to be someone I wasn't. I just don't identify with that drunk party girl

and more and maybe that makes me a depressing, talks-a lot-killjoy, but maybe that's who I am and I need to find people I can laugh and have fun with again without booze.

Relapse has proven integral to my recovery: I learned that I cannot ignore my recovery identity when it's in distress. It needs to be nurtured just as a drinking identity needs to drink. The same means to very different ends. Relapse also reinforced that these three processes must occur concurrently. They are not steps to be scaled, one after the another; there is no "Eureka, I've found it!" in recovery. It mainly, "Oh shit, how do I do this right now?" When living recovery, we're occupied by "doing" things in moments. We must learn to "be in the moment"—it is essential to our recovery. Crises of identity, obsessive rumination, constant bargaining and layers of denial are replaced with a very effortful focus on what you perceive with your five senses in the present, your explicit and implicit responses to them in that moment, all the while unadulterated by ruminating about the past or future. When we're in the moment, we're truly *living* our stories.

Just when I thought I had (re)learned all there was to (re)learn about how to live in the world with my recovery identity, I began to take for granted the work it took to (re)form my identity. I (re)storied all my reasons for not drinking into precautions to take when I began to drink again. So that I could drink “normally.” I didn't so much stumble into relapse as much as I argued myself into it. I packed my wings back into the protective cocoon of denial and spent a lot of time in my head—my head that was quickly filling with junk since I disengaged from the recovery helix. I bargained with my loud and proud drinking identity, again a main character in my story.

According to Frank (2010), character is a capacity of story that exerts “efforts to come to terms with whatever the Trouble is” (p. 47). According to my drinking identity, the Trouble was

that I was unrelentingly depressed, anxious, and wholeheartedly fucked in the head. My recovery identity had faded far from recognition because I stopped engaging with the recovery helix. I was too prideful to ask for help, and too scared to dig into the reasons why I was such a profound wreck. As I disengaged from r/SD and thus from working with the recovery helix, the Trouble in my story increased exponentially. As stated in Chapter 3, Trouble as a capacity of stories has two roles: to deal with Trouble and to make Trouble: Trouble “swirls through stories: it is their occasion, their content, and too often their outcome” (Frank, 2010, p. 38). I tucked into my denial and thought myself recovered: period, full-stop, no more work needed to be done. Recovered. Instead of working through the tangle of resentments and shame and envy, I pickled myself in them. I had resigned myself to being recovered, so I didn’t need to do work on myself any further. My drinking identity took advantage of this opportunity and whisked me away to the rose-coloured world of my life as a drunk.

Scenes from years past squatted in my head. My grandest memories were in Technicolor, and my “what ifs” and “could have beens” were phosphorescent. I sunk into a tried-and-true nostalgic-depressive episode to alleviate the suffering in the present. This strategy is not recommended: it is as effective as putting a band-aid over a bullet hole. The anger, the fear, the shame, the hopelessness—they threatened my mental immune system. My mind was becoming an increasingly welcoming host. My drinking identity promised not only pain relief, but rapture. At promises of “a new and better life”, I dashed into fantasies of “normal” drinking and all the *awesome*, **fun** Instagram photos I could take with an invigorated social life and sense of self-worth. (You know you have AUD when alcohol consumption is a factor in determining your self-worth). It’s like my mind was gentrified with the notion of “being like everyone else”. Drinking would upgrade my inner world from a dated, albeit authentic infrastructure to

something that would satisfy my drinking identity's bourgeois taste. The bargaining was suspenseful—before, I only had a recovery identity to gain, and now I had one to lose. Drinking was easy, but recovery was hard—so hard, I'd stopped doing it. Frank (2010) notes that Suspense is dependent on the tension between outcomes, and most importantly, “enables stories to elicit engagement: stories work because people get caught up in a story” (p. 41). The relationships between what has been, what is, what could be, and what could have been creates Suspense in stories—something that intrigues listeners because they relate to these tensions of missed opportunity and revel in the melancholy of our powerlessness to extend the temporal limits of our existence. Coming to terms with mortality puts time limits on stories—when to begin them, when to end them. Time is valuable when existence is finite. Frank turns to Mattingly (1998) to consider the power of stories is their ability to express their temporal tensions of “what could have been” and “what might be” in order to discover ways for both storytellers and listeners to live with (and learn from) decisions made (or not made) in the past and the weigh the value of the decision against the consequences it bore. The power of stories also allows us to consider the multiplicity of potential decisions that can be made in all possible futures. We are able to interpret what the implicit and explicit consequences may be based on past experiences from a present point of view. And, we evaluate these interpretations to use these stories to make decisions in the present, allowing us to live our stories with some semblance of rationality and order when they have the capacity to be disordered, isolating, and volatile (Frank, 2010, p. 40).

Instead of sharing my thoughts and feelings on r/SD, I whipped up a small batch of denial: I questioned whether I “really” had a drinking problem, or if it was just a phase and I could drink again. My favourite capacity of stories is interpretive openness—it is what allows

stories to breathe and live amongst others in an uncertain reality. Memoirist (and fellow in recovery) Mary Karr digs into the dark corners of the capacity of interpretive openness, reminding us that it is "[m]ost morally ominous: from the second you choose one event over another, you're shaping the past's meaning" (2016, xvii). Interpretive openness is the primary vehicle for stories to make, reduce, or manage Trouble, and it lays the onus of choice on the interpreter. I bargained with the idea of drinking in case I was wrong about this whole AUD thing. I thought myself into corners: I had jumped the gun in pledging myself to abstinence. I was too young to have "real" AUD; now I knew what to avoid so I would drink "normally." I surely could do it after not drinking for two-and-a-half years. I had done my time, I had learned my lesson. I was ready to step back into the world with narratives of "normal" drinking: the "having a glass of wine with dinner"; and "only drinking at social events"; with "a three...well maybe four...drink limit." I begin suggesting this notion to friends. I spoke candidly with ones I knew would "support whatever decision I make" because "it doesn't hurt to try." Yet, I avoided those who would display immediate concern and condemn the idea. I ensured friends who saw me glassy-eyed that I was "happy" drinking now. I *definitely* wasn't trying to self-medicate for pain, said the girl with the counterfeit grin. I was "having fun with everyone else"—glass in hand, shots in queue, laughter punctuating all the right places—I was desperate to (re)story myself into the kind of person my drinking identity promised.

I doubt half of those people bought the bullshit I was slinging, but no one I told or who saw me drink contested my choice. A good friend told me to "be careful", which, in hindsight, I think is the only thing one could say to an addict who has just announced their re-engagement to all things intoxicating. For the record, I don't blame anyone for "enabling" my drinking: I manipulated my inquiries to get the response that would add to the collection of justifications I

was curating for a spectacular relapse. My self watched my drinking identity justify my drinking behaviour the whole time:

“The most fucked up part was the entire time I was reasoning myself into drinking, I knew it wasn't going to work. I hoped that it would, but I knew that I'd eventually stop again. I didn't listen to my voice.”

Once the story of what a sober life is like is loose in the world, it cannot be reigned back and destroyed. I was haunted by my recovery identity.

5.2 The recovery helix

*Did you steal my prayers
I don't know where I was
I feel numb and
All or nothing
(all or nothing)
It's Friday night let's lose our minds
In a downward spiral
Here we go
Because we got no control
(no control)*

- Blink 182, “Kings of the Weekend”, California

When I drank again, I wanted so badly for that butterfly to turn back into a caterpillar. I didn't want the burden of my recovery identity weighing down my frantic attempts to be “normal” and “have fun like everyone else.” I was willing to give up all of the things I learned and rescind all of the ways I grew and escape to a state of blissful unawareness of my AUD. I desperately wanted to live in the world as a fuzzy, drunk caterpillar. Only two and a half years before, I was desperate to change form to relieve the pain that I thought alcohol was causing me. Now I knew that the pain was embedded in me, equally fueled by alcohol or by sober self-loathing. What I was doing, drunk or sober, wasn't working; I was seeking immediate release and I needed comprehensive reformation. This realization pissed me off more than anything else:

my go to, alcohol, was failing to relieve my pain. What the fuck was I supposed to do now *except* practice recovery?

I feel like my recovery identity swindled me. I'm less bitter about each day that I wake up with a clear head that isn't immediately filled with thoughts of drinking. It is no doubt that denial and bargaining with disparate identities, both seeking pain relief, have a great deal of power over devising strategies to deal with Trouble. Frank (2010) notes that a significant way of dealing with Trouble in a story is to resituate it into another story in order to shift the story from making Trouble to mitigating it. (Re)storying my relapse from the point of view of a (re)formed recovery identity shifted the power of my Trouble; my Trouble is now seated in (re)learning how to deal with pain and suffering without alcohol. The recovery helix sprung back into motion; its movement is fabled perpetual, provided I practice recovery storytelling.

5.2.1 Recovery storytelling

“None of us can ever know the value of our lives, or how our separate and silent scribbling may add to the amenity of the world, if only by how radically it changes us, one and by one.”

- Mary Karr, *The Art of Memoir*, 2015

All members of r/SD communicate by telling stories, recognizing and interrogating narratives, and (re)storying dominant narratives of AUD and recovery to normalize living a recovery identity in the world with others. The importance of storytelling in creating and re-creating individual identities and a community identity of recovery is the crux of AUD recovery. Howard Brody (1987) has shown how (re)storying an illness, disease, disorder, or condition from a new point of view can be healing to the sufferer. Stories function to convey experience, (re)form identity, and revise social contexts in which to (re)learn to enact this identity in the world.

Stories are free in the world when thoughts are expressed, and narratives are a way of ordering experience; a way of constructing the world by categorizing events, objects, and processes, the people in it, and characterizing its cadence. Narrative has the capacity to frame events, mental states, and occurrences that are originated in moments as experience, or stories. According to Mattingly (1998), story begets experience which begets story, and so on and so forth. Here, life and story mirror one another, and neither has causal nor temporal precedence, as story is continually reshaped as a person retells it to themselves or to others (p. 31). According to Mattingly (1998), this capacity is inherent in all stories.

A narrative then, is a frame in which to place living stories to find their relationships, understand the value of those relationships, extract that value and apply it to social consciousness to reap the benefits of that value. Bruner (1990) maintains that stories alone do not communicate meaning; the “meaning is given by their place in the overall configuration of the sequence as a whole—its plot.” Without framing, we would “be lost in the murk of chaotic experience and probably would not have survived as a species in any case” (p. 43). Here, point of view can double its work as a story capacity as well as a narrative frame to give meaning to living, breathing stories.

The importance of investigating stories and storytelling is echoed by Brody (1987), who describes how we understand a human life through sharing stories with others. They note four individual aspects that are mutually interdependent: a human life is conceived as a single entity that is born, grows, and dies; the human intelligibility of action; accountability over one’s action; and the concept of personal identity. “One’s action is truly one’s *own*, for which one is responsible, because it appears in the narrative of one’s life in an intelligible manner. The narrative serves to explain the connectedness of the action with one another actions, notices, and

desires” (p. 45). In the case of recovery storytelling in online communities of practice, the narratives of the community are negotiated by members by finding similarities in each others’ stories, and by building a shared repertoire of recovery practices based on that act of engagement. This shared repertoire is forever updating and accommodating the needs of the CoP, which are dictated by the practices of its members. r/stopdrinking is as alive as the stories that it is made up.

5.3 Community of practice helix

“I do this because I find that I frequently feel better about myself when I discover that we’re not alone, but that there are, in fact, a number of other people who ail as we do—that there are actually a number of “accomplished” individuals who find it necessary to seek treatment for some otherwise insurmountable inner unpleasantness. I not only feel better about myself because these people are also fucked up (and I guess this gives us a sense of extended community), but I feel better because look how much these fellow fuckups managed to accomplish!”

- Carrie Fisher, *Wishful Drinking*, 2008

The recovery helix operates in a very similar fashion to the three essential processes Wenger (2000) identifies for productive communities of practice: engagement, imagination and alignment. Without engagement, CoP would not exist. Engagement represents the connectivity between members. In the case of r/SD, this is the mutual agreement to take responsibility for (re)storying relationships with alcohol to live recovery. Engagement signifies active involvement in the mutual processes of negotiating meaning by revising what work stories "do" in the present to direct and justify behaviour. Stories that relied on comparisons to negotiate meaning in a drinking context are (re)storied in a recovery context to negotiate meaning by seeking similarities in stories of others. Participation is crucial to engagement. Without participation, knowledge is not created, and therefore does not have a chance to germinate. Imagination refers to the construction and sense-making associated with developing new identities and alternative

narratives of AUD and recovery within the community alongside similar others. Imagination enables members to share a collective consciousness of doing of recovery and encouraging engagement in social context. It is through engagement with the collective that imagination allows the self to conceptualize, engage and enact a recovery identity in the world with others.

Wenger (2000) notes, to solidify a community's purpose and membership in it, both must be reified through practice. According to the description on r/SD's front page, the purpose of the community is "to motivate each other to control or stop drinking" (r/stopdrinking, n.p.). Aside from the technical requirements to post in an online support group, the only requirement for membership is the desire to control or stop drinking. Reifying these concepts involves a range of processes associated with sense-making and doing recovery. The primary way one makes sense of and does recovery is by (re)forming their relationship with alcohol to align with a new identity that promises relief from the consequences of enacting a drinking identity. In practical terms, imagining oneself with a recovery identity allows members of r/SD to journey past the confines of their drinking identity and practice recovery. Individuals begin imagining themselves with a new identity when they first question if they should stop drinking. As these identities have wildly different consequences, contexts, and are mutually exclusive. Thus begins a crisis of identity, however short lived. Once the story of, "maybe I have a problem with alcohol" is loose in the world of the drinker, it cannot be forgotten. They must make sense of their drinking by normalizing it or accepting that their drinking is disordered and move from imagining themselves in a recovery identity to practicing a recovery identity. To learn how to practice a recovery identity, one must align their identity practices with others' according to the shared repertoire of the CoP.

Alignment represents common patterns of action and diffusion of ideals, practices and identity markers of recovery in recovery CoP, and more importantly beyond the boundaries of the CoP. Alignment requires a shared repertoire of what recovery means and does alongside the creation and adoption of alternative narratives surrounding disordered drinking and its recovery processes within social context (Wenger, 2000). Moving towards normalizing recovery by challenging dominant narratives about AUD, alignment signifies the creation of socio-cultural meaning surrounding recovery and the acceptance of recovery as a viable, relevant and doable way of being in the world. Thus, alignment challenges the stigma of AUD by teasing new meaning out of storied experiences of recovery.

These three processes are distinct entities that operate in concert; the helical structure presents itself again. Neither alignment nor engagement affords ways of making sense of the self in the world without a drinking identity. Imagination is required for reflexivity in recovery sense-making, yet needs to be grounded by alignment and engagement so the recovery identity may be enacted in the world. Thus, communities of practice leverage the rotational symmetry of the three processes to encourage joint enterprise, mutual engagement and a shared repertoire of resources (Wenger, 2000).

5.3.1 Dismantling stigma.

“A more fundamental problem with labelling human distress and deviance as mental disorder is that it reduces a complex, important, and distinct part of human life to nothing more than a biological illness or defect, not to be processed or understood, or in some cases even embraced, but to be ‘treated’ and ‘cured’ by any means possible—often with drugs that may be doing much more harm than good. This biological reductiveness, along with the stigma that it attracts, shapes the person’s interpretation and experience of [their] distress or deviance, and, ultimately, [their] relation to [their self], to others, and to the world. Moreover, to call out every difference and deviance as mental disorder is also to circumscribe normality and define sanity, not as tranquility or possibility, which are the

products of the wisdom that is being denied, but as conformity, placidity, and a kind of mediocrity.”

- Neel Burton, *The Meaning of Madness*, 2009

Stories constitute narratives, and stigma is a primary narrative that disrupts help-seeking in those with AUD. Research shows that peer-support from those who do not harbour AUD/SUD stigma mark(s) facilitate help-seeking and quality of life. Moreover, stigma from lay individuals (public stigma) impedes help-seeking and perpetuates feeling of shame and guilt (self stigma) (Brink et al., 2008; Perry, 2014). Yet, stories also have the power to dismantle stigma. Individual voices become louder together: the more people speak out against stigma and replace it with alternate narratives, the self (micro), social networks (meso), and society (macro) will benefit by engendering compassionate concern in the face of an isolating, othering disorder. (Pescosolideo et al., 2008). It takes courage to come up against the dominant narrative, and often people need to learn stories to navigate the stigma of AUD before combating it. That kind of vulnerability seems as aberrant in western culture; this is why anonymous spaces are necessary for those who want to stop drinking when they are embedded in the dominate narratives of the moral and medical models that perpetuate “us and them” mentalities. By announcing that I have AUD in public, professional spaces, I am taking a risk of being stigmatized, and thus being ostracized or treated “differently” from my peers. This could lead to loss of work, reputation, relationships, and respect. In their identity work, Snow and Anderson (1987) show how individuals turn to education as a way of embracing stigma. Instead of simply wearing the mark of AUD recovery and its implied social identities, they take on an activist role to change others’ perceptions about AUD by sharing stories about their lived experiences and responding to lay inquiries. Engaging in altruistic endeavours is empowering for some in recovery—educating others about AUD and recovery through storytelling becomes an avenue to "do" recovery. An activist identity blooms to

nurture the recovery identity. The identities people assume to protect their recovery identity has implications for making sense of on-going AUD recovery and warrants further research.

While I have assumed an activist identity to protect my recovery identity, I am not suggesting it should be a requirement for all with AUD, despite their threatening social contexts. (Re)learning how to live in a stigma-laden world as a marked individual is stress inducing enough. Once a safer space is carved for those with AUD to do recovery without fear of stigma responses, the need for anonymous spaces may decrease; AUD may be represented as a disorder of a person in social context and not as a moral weakness, a "disease", or a defect of character. While I contend that the anonymity promised by CoP online and off is incredibly beneficial for recovery and overall individual development, I argue that destigmatizing AUD will make the process of acceptance less stressful and living a recovery identity will result in fewer social consequences. Therefore, I maintain that dismantling stigma is paramount to crafting a social context of compassionate concern, and that this will promote help-seeking and successful recovery in those with AUD. I want to work toward a future where choosing to stop drinking is not seen as deviant; where living stories of recovery are indicative of strength, not weakness.

Epilogue

I just realized HOW important my recovery is to me now

I'm finishing up on my thesis about recovery storytelling in online communities of practice. It's about my experience in recovery in r/SD!

Anyway, I'm working on the conclusion and breaking down the post I made about coming back after relapsing. I realized then how important my recovery was to me and that I wasn't willing to let it go. Nothing 'bad' happened when I went out, but I realized how much I don't like myself when I drink. I use alcohol as a way to mask who I really am or 'fit in' with people who I don't have things in common with otherwise. I just realized I don't care about that stuff anymore, and while I am no fucking cupcake and have shit to work on, I like who I am sober.

That being said, fuck everyone else. My sobriety is too important to me to smile and nod through hours of watching all my friends get blasted drunk. It's not even that I want to imbibe, I just don't enjoy interacting with drunks. I'd rather be at home or with a few friends. Even if they had a few alcoholic drinks I wouldn't care! This binge drinking culture is out of control and this time around, I'm not going to start drinking to [force myself to] want to socialize with certain people. I don't want to be an asshole who judges people for drinking. If you're not harming anyone else, you do you--that's my philosophy. But, it doesn't mean I have to be around drinking because it's so tiresome to keep up with all those shenanigans. I jumped on social media to take a quick break from writing and I just cringed at all the St. Patty's day crap. It's so silly.

I'm coming at this sober thing differently this time. I LIKE my life sober and I want to spend my life enjoying things and not sitting in a bar, reading books on my phone, waiting for the night to be over so I can drive drunk people (who love to give directions...) home.

I will not drink today and I'm STOKED about it!

- djamberj, r/stopdrinking, March 17, 2017

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